

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHERN ILLINOIS FOOD BANK Doing business as		D Employer identification number 36-3203648
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 273 DEARBORN COURT		E Telephone number (630) 443-6910
	City or town, state or province, country, and ZIP or foreign postal code GENEVA, IL 60134		G Gross receipts \$ 137,282,664.
	F Name and address of principal officer: JULIE YURKO SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number

J Website: **HTTP://SOLVEHUNGERTODAY.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1983** **M** State of legal domicile: **IL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LEAD THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING NUTRITIOUS MEALS TO THOSE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	146
	6 Total number of volunteers (estimate if necessary)	6	31334
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	139,151,204.	130,257,621.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,403.	126,665.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,285,761.	-1,609,844.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	137,972,846.	128,774,442.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	123,490,804.	119,803,691.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,356,420.	6,829,335.
	b Total fundraising expenses (Part IX, column (D), line 25) 2,155,119.	721,175.	696,752.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,733,181.	4,731,723.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	135,301,580.	132,061,501.
19 Revenue less expenses. Subtract line 18 from line 12	2,671,266.	-3,287,059.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	42,318,922.	38,411,193.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,725,813.	10,084,148.
		31,593,109.	28,327,045.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	JULIE YURKO, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KIMBERLY A. HAUMANN	KIMBERLY A. HAUMANN	02/01/17		P00546491
Firm's name PLANTE & MORAN, PLLC			Firm's EIN 38-1357951		
Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606			Phone no. (312) 207-1040		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO LEAD THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING NUTRITIOUS MEALS TO THOSE IN NEED THROUGH INNOVATIVE PROGRAMS AND PARTNERSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 129,068,469. including grants of \$ 119,803,691.) (Revenue \$ 4,282,992.) NORTHERN ILLINOIS FOOD BANK LEADS THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING NUTRITIOUS MEALS TO THOSE IN NEED THROUGH INNOVATIVE PROGRAMS AND PARTNERSHIPS.

THE FOOD BANK HAS DEVELOPED A STRONG FOOD SOLICITATION, ACQUISITION, AND PURCHASING PROGRAM TO ENSURE THAT IT RECEIVES QUALITY FOOD AT THE LOWEST POSSIBLE PRICE, PROVIDING FOOD TO MORE THAN 800 COMMUNITY FOOD PANTRIES AND FEEDING PROGRAMS. OVER 80% OF OUR DISTRIBUTED FOOD CAME FROM DONATIONS.

OUR COLLABORATIVE EFFORTS HELP SERVE MORE THAN 71,500 HUNGRY NEIGHBORS EACH WEEK ACROSS 13 NORTHERN ILLINOIS COUNTIES, AND DISTRIBUTED

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 129,068,469.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and deductible contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 24		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DIANNE KORIZON - (630) 443-6910**
273 DEARBORN COURT, GENEVA, IL 60134

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN JOYCE CHAIR	1.00	X		X			0.	0.	0.	
(2) PATRICIA NOVOSSEL VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) DIRK LOCASCIO TREASUER	1.00	X		X			0.	0.	0.	
(4) GENEACE WILLIAMS SECRETARY	1.00	X		X			0.	0.	0.	
(5) IRFAN BADIBANGA DIRECTOR	1.00	X					0.	0.	0.	
(6) STACEY BARSEMA DIRECTOR	1.00	X					0.	0.	0.	
(7) JEFF BURDEAUX DIRECTOR	1.00	X					0.	0.	0.	
(8) COURT CARRUTHERS DIRECTOR	1.00	X					0.	0.	0.	
(9) MARTA DAVY DIRECTOR	1.00	X					0.	0.	0.	
(10) PAMELA DOWNEY DIRECTOR	1.00	X					0.	0.	0.	
(11) FLOYD HILL DIRECTOR	1.00	X					0.	0.	0.	
(12) DOUG ECKROTE DIRECTOR	1.00	X					0.	0.	0.	
(13) TOM DANT DIRECTOR	1.00	X					0.	0.	0.	
(14) BOB GOODPASTER DIRECTOR	1.00	X					0.	0.	0.	
(15) CHRISTINE RELLER DIRECTOR	1.00	X					0.	0.	0.	
(16) DOUG CYGAN DIRECTOR	1.00	X					0.	0.	0.	
(17) MIKE KEANE DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUANITA MARTINEZ DIRECTOR	1.00	X						0.	0.	0.
(19) JAMES MATTIKOW DIRECTOR	1.00	X						0.	0.	0.
(20) BRIAN MCCASKEY DIRECTOR	1.00	X						0.	0.	0.
(21) BOYD NELSON DIRECTOR	1.00	X						0.	0.	0.
(22) JIM OBERWEIS DIRECTOR	1.00	X						0.	0.	0.
(23) MICHAEL PEASTER DIRECTOR	1.00	X						0.	0.	0.
(24) KATHLEEN ROSS DIRECTOR	1.00	X						0.	0.	0.
(25) JOHN ROUSSEL DIRECTOR	1.00	X						0.	0.	0.
(26) GREG SCHWEITZER DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								425,437.	0.	43,573.
d Total (add lines 1b and 1c)								425,437.	0.	43,573.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RKD ALPHA DOG 8001 S 13TH STREET, LINCOLN, NE 68512	DIRECT MAIL CONSULTANT	666,761.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 19,354.					
	b Membership dues	1b					
	c Fundraising events	1c 557,592.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 3,474,143.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 126,206,532.					
	g Noncash contributions included in lines 1a-1f: \$	114,612,342.					
	h Total. Add lines 1a-1f	▶	130,257,621.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f		▶					
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶	117,995.			117,995.
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,194,093.	32,550.				
		b Less: cost or other basis and sales expenses					
		2,197,943.	20,030.				
	c Gain or (loss)	-3,850.	12,520.				
	d Net gain or (loss)	▶	8,670.			8,670.	
	8 a Gross income from fundraising events (not including \$ 557,592. of contributions reported on line 1c). See Part IV, line 18	a 385,919.					
		b Less: direct expenses	b 284,777.				
c Net income or (loss) from fundraising events		▶	101,142.			101,142.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a 4,282,992.						
	b Less: cost of goods sold	b 6,005,472.					
	c Net income or (loss) from sales of inventory	▶	-1,722,480.	-1,722,480.			
Miscellaneous Revenue		Business Code					
11 a RECYCLING INCOME	900099	11,494.			11,494.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d	▶	11,494.					
12 Total revenue. See instructions.	▶	128,774,442.	-1,722,480.	0.	239,301.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	119,803,691.	119,803,691.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	365,796.	160,642.	116,130.	89,024.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,153,647.	4,321,803.	246,500.	585,344.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	133,030.	108,895.	6,315.	17,820.
9 Other employee benefits	792,020.	700,462.	23,075.	68,483.
10 Payroll taxes	384,842.	323,035.	13,988.	47,819.
11 Fees for services (non-employees):				
a Management				
b Legal	5,010.		5,010.	
c Accounting	70,590.		70,590.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	696,752.			696,752.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	93,113.	57,873.	20,988.	14,252.
12 Advertising and promotion	548,820.	109,462.	111,222.	328,136.
13 Office expenses	460,192.	304,821.	74,999.	80,372.
14 Information technology	37,508.	5,068.	352.	32,088.
15 Royalties				
16 Occupancy	700,542.	688,166.	3,847.	8,529.
17 Travel	133,544.	110,403.	4,629.	18,512.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,791.	34,226.	6,926.	5,639.
20 Interest	216,526.	211,546.	1,516.	3,464.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,102,288.	1,072,535.	14,128.	15,625.
23 Insurance	261,405.	246,877.	11,536.	2,992.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION	653,758.	653,750.	0.	8.
b DUES AND SUBSCRIPTIONS	86,906.	23,967.	2,954.	59,985.
c FEEDING AMERICA/IL FEE	71,412.	0.	71,412.	0.
d STAFFING DEVELOPMENT	50,137.	37,272.	7,032.	5,833.
e All other expenses	193,181.	93,975.	24,764.	74,442.
25 Total functional expenses. Add lines 1 through 24e	132,061,501.	129,068,469.	837,913.	2,155,119.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,555,497.	1	6,457,565.
	2 Savings and temporary cash investments	52,883.	2	551,579.
	3 Pledges and grants receivable, net	803,729.	3	819,338.
	4 Accounts receivable, net	91,209.	4	114,499.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,142,603.	8	6,702,400.
	9 Prepaid expenses and deferred charges	31,410.	9	29,185.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,704,830.		
	b Less: accumulated depreciation	10b 5,782,735.	10c	18,922,095.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	4,143,666.	12	4,267,281.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	154,668.	15	547,251.
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,318,922.	16	38,411,193.	
Liabilities	17 Accounts payable and accrued expenses	2,024,320.	17	1,781,206.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	8,701,493.	20	8,302,942.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	10,725,813.	26	10,084,148.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	28,368,433.	27	24,600,589.
	28 Temporarily restricted net assets	3,224,676.	28	3,726,456.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	31,593,109.	33	28,327,045.	
34 Total liabilities and net assets/fund balances	42,318,922.	34	38,411,193.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	128,774,442.
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,061,501.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,287,059.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,593,109.
5	Net unrealized gains (losses) on investments	5	20,995.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,327,045.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78946078.	104782521	126866070	139151204	130257621	580003494
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	78946078.	104782521	126866070	139151204	130257621	580003494
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15421922
6 Public support. Subtract line 5 from line 4.						425783572

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	78946078.	104782521	126866070	139151204	130257621	580003494
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,461.	70,898.	77,057.	101,320.	117,995.	447,731.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	209,959.	20,344.	18,123.	16,779.	11,494.	276,699.
11 Total support. Add lines 7 through 10						580727924
12 Gross receipts from related activities, etc. (see instructions)					12	23,031,840.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	73.32	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	78.62	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2011 AMOUNT: \$ 209,959.

2012 AMOUNT: \$ 20,344.

2013 AMOUNT: \$ 18,123.

2014 AMOUNT: \$ 16,779.

2015 AMOUNT: \$ 11,494.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>22,739,406.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>12,483,303.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>12,248,857.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>8,689,762.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>4,440,782.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>4,130,640.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 3,672,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 3,078,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 2,845,222.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
NORTHERN ILLINOIS FOOD BANK	36-3203648

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	GIFTS IN KIND (\$585). REMAINDER FOOD DONATIONS.	\$ 22,732,299.	06/30/16
2	FOOD DONATIONS	\$ 12,419,604.	06/30/16
3	FOOD DONATIONS	\$ 12,248,857.	06/30/16
4	FOOD DONATIONS	\$ 8,689,762.	06/30/16
5	FOOD DONATIONS	\$ 4,421,682.	06/30/16
6	GIFTS IN KIND (\$665). REMAINDER FOOD DONATIONS.	\$ 4,128,140.	06/30/16

Name of organization	Employer identification number
NORTHERN ILLINOIS FOOD BANK	36-3203648

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	GIFTS IN KIND (\$2,100). REMAINDER FOOD DONATIONS _____ _____ _____	\$ 3,641,289.	06/30/16
8	FOOD DONATIONS _____ _____ _____	\$ 3,055,197.	06/30/16
9	FOOD DONATIONS _____ _____ _____	\$ 2,845,222.	06/30/16
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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532041
10-05-15

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		11,626.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			11,626.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

NORTHERN ILLINOIS FOOD BANK AIMS TO INFORM AND EDUCATE LEGISLATORS ON THE WORK AND MISSION OF THE FOOD BANK, AND, WHEN APPROPRIATE, ON LEGISLATION THAT AFFECTS THE FOOD BANK AND/OR OUR HUNGRY NEIGHBORS. IN FY16, STAFF MEMBERS FROM THE FOOD BANK LOBBIED IN WASHINGTON DC (MARCH 1, 2016) AND SPRINGFIELD, IL (MAY 11, 2016) FOR THE ILLINOIS HUNGER

Part IV Supplemental Information *(continued)*

SUMMIT. AT THAT SUMMIT, THE FOOD BANK STAFF MET WITH 24 STATE OFFICIALS AND DELIVERED INFORMATION TO AN ADDITIONAL 34 OFFICIALS. A STAFF MEMBER ALSO VISITED WASHINGTON DC (JUNE 13-15, 2016), SPEAKING WITH KEY LEGISLATORS ABOUT THE NEED FOR THE CHILD NUTRITION REAUTHORIZATION BILL AS A PART OF THE ADVOCACY ACADEMY MADE AVAILABLE BY FEEDING AMERICA. DURING THE FISCAL YEAR, NORTHERN ILLINOIS FOOD BANK HOSTED TWO EVENTS FOR LOCAL LEGISLATORS: "HEALTHY KIDS, HEALTHY COMMUNITIES (AUGUST 27, 2015) AND "TRUE COST OF SKIPPING A MEAL" (FEBRUARY 24, 2016) AND SIGNED ON TO TWO KEY BILLS: SB2393 (BREAKFAST AFTER THE BELL) AND HB6027 (FARMERS MARKET AND SNAP). THE FOOD BANK STAFF MET WITH SEVERAL LOCAL AND STATE LEGISLATORS THROUGHOUT THE YEAR, INCLUDING LT. GOVERNOR EVELYN SANGUINETTI, TO HELP EDUCATE THEM ABOUT WHAT NORTHERN ILLINOIS FOOD BANK PROVIDES TO OUR 13-COUNTY SERVICE AREA.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015
Open to Public Inspection

Name of the organization NORTHERN ILLINOIS FOOD BANK **Employer identification number** 36-3203648

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0.				
b Contributions	400,000.				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	400,000.				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment .00 %
- c Temporarily restricted endowment .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,338,673.		2,338,673.
b Buildings		16,299,018.	1,925,863.	14,373,155.
c Leasehold improvements		777,586.	256,854.	520,732.
d Equipment		2,168,472.	1,601,036.	567,436.
e Other		3,121,081.	1,998,982.	1,122,099.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,922,095.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CORPORATE BONDS & NOTES	1,257,168.	END-OF-YEAR MARKET VALUE
(B) MUNICIPAL SECURITIES	159,933.	END-OF-YEAR MARKET VALUE
(C) PREFERRED SECURITIES	47,656.	END-OF-YEAR MARKET VALUE
(D) NEGOTIABLE CERTIFICATES		
(E) OF DEPOSIT	2,798,040.	END-OF-YEAR MARKET VALUE
(F) EQUITIES	4,484.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,267,281.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	135,106,937.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	20,995.	
b	Donated services and use of facilities	2b	21,251.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	6,290,249.	
e	Add lines 2a through 2d	2e	6,332,495.	
3	Subtract line 2e from line 1		3	128,774,442.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	128,774,442.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	138,373,001.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	21,251.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	6,290,249.	
e	Add lines 2a through 2d	2e	6,311,500.	
3	Subtract line 2e from line 1		3	132,061,501.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	132,061,501.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

PRINCIPAL TO BE RETAINED FOR LONG-TERM FINANCIAL SECURITY. EARNINGS TO BE USED TO SUPPLEMENT ORGANIZATIONAL REVENUE.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOOD BANK AND RECOGNIZE A TAX LIABILITY IF THE FOOD BANK HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2016 AND 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO

Part XIII Supplemental Information (continued)

BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOOD BANK IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS	6,005,472.
EXPENSES RELATED TO FUNDRAISING	284,777.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,290,249.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS	6,005,472.
EXPENSES RELATED TO FUNDRAISING	284,777.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	6,290,249.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD ALPHA DOG - 8001 S 13TH STREET, LINCOLN, NE 68512	DIRECT MAIL CONSULTANT		X	2,648,219.	666,761.	1,981,458.
BRAD CECIL & ASSOCIATES - 2115 ARLINGTON DOWNS RD., GATEWAY COMMUNICATIONS - 16805 NE MASON COURT,	DIRECT MAIL CONSULTANT		X	43,000.	5,105.	37,895.
	PHONE SOLICITATION		X	41,377.	24,886.	16,491.
Total				2,732,596.	696,752.	2,035,844.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IL

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		TASTE THAT MATTERS	FOODIE 5K'S	3	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	418,505.	294,207.	230,799.	943,511.
	2	Less: Contributions	308,050.	148,935.	100,607.	557,592.
	3	Gross income (line 1 minus line 2)	110,455.	145,272.	130,192.	385,919.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	36,563.	24,242.	31,824.	92,629.
	6	Rent/facility costs	39,575.	31,879.	33,232.	104,686.
	7	Food and beverages	23,812.	1,495.	34,712.	60,019.
	8	Entertainment		1,010.	1,000.	2,010.
	9	Other direct expenses	10,726.	10,151.	4,556.	25,433.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				284,777.
11	Net income summary. Subtract line 10 from line 3, column (d)				101,142.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RKD ALPHA DOG

(I) ADDRESS OF FUNDRAISER: 8001 S 13TH STREET, LINCOLN, NE 68512

(I) NAME OF FUNDRAISER: BRAD CECIL & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 2115 ARLINGTON DOWNS RD., ARLINGTON, TX 76011

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 16805 NE MASON COURT, PORTLAND, OR 97230

PART I, LINE 2B, COLUMN (V):

IN ADDITION TO FEES FOR FUNDRAISING SERVICES, THE ORGANIZATION PAYS POSTAGE COSTS TO RKD ALPHA DOG AND BRAD CECIL & ASSOCIATES. POSTAGE IS IDENTIFIED SEPARATELY. THE AMOUNT OF POSTAGE TO RKD ALPHA DOG IS \$281,877 AND THE FEES FOR SERVICES ARE \$666,761. THE AMOUNT OF POSTAGE TO BRAD CECIL & ASSOCIATES IS \$1,066 AND THE FEES FOR SERVICES ARE \$5,105.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **NORTHERN ILLINOIS FOOD BANK** Employer identification number **36-3203648**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES + FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	36-2468668	501(C)3	0.	5,081,724.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AURORA INTERFAITH FOOD PANTRY 1110 JERICHO ROAD AURORA, IL 60506	36-3206531	501(C)3	15,000.	3,449,907.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DUPAGE TOWNSHIP 719 PARKWOOD AVE ROMEDEVILLE, IL 60446	36-4036304	501(C)3	0.	3,022,526.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187	36-3157600	501(C)3	0.	2,977,360.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD FOR GREATER ELGIN 1553 COMMERCE DRIVE ELGIN, IL 60123	27-4409282	501(C)3	2,142.	2,806,019.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
EASTERN ILLINOIS FOODBANK 2405 NORTH SHORE DRIVE URBANA, IL 61802	37-1130252	501(C)3	0.	2,466,062.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **405.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI - 2101 VANDIVER DRIVE - COLUMBIA, MO 65202-1938	43-1238934	501(C)3	0.	2,374,727.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOSANNA 36W925 RED GATE ROAD ST. CHARLES, IL 60175	36-3163421	501(C)3	0.	2,179,714.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PRC-SOUTHEAST - WESTMONT 104 CHESTNUT WESTMONT, IL 60559	36-3157600	501(C)3	0.	1,969,220.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
COMMUNITY CARE CENTER OF THE CHAPEL - 25270 WEST HWY 60 - GRAYSLAKE, IL 60030	36-3963071	501(C)3	0.	1,665,510.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KENDALL COUNTY FOOD PANTRY 208 BEAVER STREET YORKVILLE, IL 60560	36-3514694	501(C)3	0.	1,651,710.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DR. - 118 WOODRIDGE, IL 60517	36-3857072	501(C)3	0.	1,415,965.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. ELIZABETH'S CENTER FOOD PANTRY 1505 S. MAIN STREET ROCKFORD, IL 61102	36-2171737	501(C)3	0.	1,342,306.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT REAL LIFE CHURCH - 525 N. NELTNOR BLVD (IL RT 59) - WEST CHICAGO, IL 60185	36-2169180	501(C)3	0.	1,313,152.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAMILY OUTREACH PROGRAM INC 2223 PLAINFIELD ROAD CREST HILL, IL 60403	36-4270767	501(C)3	0.	1,231,075.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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COOL FOOD PANTRY EAST 800 W. GLEN FLORA WAUKEGAN, IL 60085	36-3360492	501(C)3	0.	1,196,100.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BELVIDERE BOONE COUNTY FOOD PANTRY 200 SOUTH FIFTH ST CAPRON, IL 61012	36-2968196	501(C)3	0.	1,181,130.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOHN LUTHERAN CHURCH 2650 PLAINFIELD ROAD JOLIET, IL 60435	36-6003762	501(C)3	0.	1,136,950.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PLAINFIELD AREA INTERFAITH FP 23066 W LOCKPORT ST. PLAINFIELD, IL 60544	51-0595110	501(C)3	0.	1,080,912.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOLY ANGELS PANTRY 180 S. RUSSELL AVENUE AURORA, IL 60506-4969	36-2207926	501(C)3	0.	1,040,652.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CRYSTAL LAKE FOOD PANTRY 257 KING STREET CRYSTAL LAKE, IL 60014	36-3642915	501(C)3	0.	1,017,960.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTER OF HOPE 895 S WASHINGTON KANKAKEE, IL 60901	36-4427193	501(C)3	0.	976,117.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MARIE WILKINSON FOUNDATION FOOD PANTRY - 834 NORTH HIGHLAND AVENUE - AURORA, IL 60506	65-1169439	501(C)3	9,000.	930,368.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DAYBREAK SHEPHERD'S TABLE 611 E CASS STREET JOLIET, IL 60432	36-2167888	501(C)3	0.	936,931.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FISH OF MCHENRY 3515 N. RICHMOND ROAD MCHENRY, IL 60051	36-3313155	501(C)3	2,246.	904,734.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLEN ELLYN FOOD PANTRY 493 FOREST AVENUE GLEN ELLYN, IL 60137	36-3423123	501(C)3	400.	900,304.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK RIVER VALLEY FOOD PANTRY 421 SOUTH ROCKTON AVENUE ROCKFORD, IL 61102	36-3135643	501(C)3	0.	899,152.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FISH PANTRY OF CARPENTERSVILLE 150 S. KENNEDY DR UNIT 15A CARPENTERSVILLE, IL 60110	23-7180110	501(C)3	0.	882,972.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LORD'S LAMBS MINISTRY 3400 S MAIN ST HOPKINS PARK, IL 60954	71-1031041	501(C)3	0.	842,629.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)3	0.	831,239.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. LOUIS AREA FOODBANK 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	43-1253102	501(C)3	0.	803,193.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HCS FAMILY SERVICES 19 E. CHICAGO AVENUE HINSDALE, IL 60521	36-2174821	501(C)3	0.	775,464.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
BENSENVILLE-WOOD DALE PANTRY 192 S. CENTER STREET BENSENVILLE, IL 60106	36-3213470	501(C)3	0.	708,639.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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RIVER BEND FOODBANK 4010 KIMMEL DRIVE DAVENPORT, IA 52802	36-4289076	501(C)3	0.	705,510.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HANDS OF HOPE FOOD PANTRY 5700 BARTELS ROAD HANOVER PARK, IL 60133	36-3205350	501(C)3	0.	678,447.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FISH OF DOWNERS GROVE 4340 PRINCE STREET DOWNERS GROVE, IL 60515	36-3691414	501(C)3	0.	674,920.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ABIDING LOVE MINISTRIES FOOD PANTRY - 2929 BETHEL BOULEVARD - ZION, IL 60099	36-6069285	501(C)3	0.	651,872.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
APOSTOLIC PENTECOSTAL OF ROCKFORD FOOD PANTRY - 840 MATTIS AVENUE - ROCKFORD, IL 61109	27-2203887	501(C)3	0.	646,029.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EMMANUEL FAITH BIBLE FOOD PANTRY 1840 LINCOLN STREET NORTH CHICAGO, IL 60064	36-3909925	501(C)3	0.	639,429.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNUCOPIA FOOD PANTRY 402 MARKET STREET ROCKFORD, IL 61107	41-1568278	501(C)3	0.	615,692.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WARREN SHARPE COMMUNITY CENTER 454 S JOLIET ST JOLIET, IL 60436	36-3724298	501(C)3	0.	606,478.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIVING MANNA FOOD MINISTRY PO BOX 255 CHANNAHON, IL 60410	37-0755264	501(C)3	0.	598,902.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SALVATION ARMY DEKALB AREA FOOD PANTRY - 830 GROVE STREET - DEKALB, IL 60115	36-2167909	501(C)3	1,136.	594,501.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COOL FOOD PANTRY - WEST 25519 W. HIGHWAY 134 INGLESIDE, IL 60041	36-3360492	501(C)3	1,093.	588,638.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT IMMANUEL 29W260 BATAVIA ROAD WARRENVILLE, IL 60555	36-2169180	501(C)3	400.	584,144.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
P.L.A.N. 1892 NICOLE LANE ROUND LAKE BEACH, IL 60073	20-3956700	501(C)3	0.	579,355.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
NORTH POINT CHURCH FOOD PANTRY 900 N. LEWIS AVENUE WINTHROP HARBOR, IL 60096	36-3800814	501(C)3	0.	579,004.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALGONQUIN/LAKE IN THE HILLS FOOD PANTRY - 1113 PYOTT ROAD - LAKE IN THE HILLS, IL 60156	36-4303681	501(C)3	0.	578,773.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LUKE 3:11 SHARE CENTER 37510 NORTH FAIRFIELD ROAD LAKE VILLA, IL 60046	96-8076901	501(C)3	2,620.	569,745.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
BATAVIA INTERFAITH FOOD PANTRY 100 FLINN DRIVE BATAVIA, IL 60510	40-0001099	501(C)3	0.	560,556.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ELGIN 316 DOUGLAS AVENUE ELGIN, IL 60120	36-3242346	501(C)3	0.	534,663.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LOCKPORT FISH FOOD PANTRY 604 E 9TH STREET LOCKPORT, IL 60441	36-1294153	501(C)3	0.	525,869.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WE CARE OF GRUNDY COUNTY, INC. 530 BEDFORD RD. MORRIS, IL 60450	36-3040908	501(C)3	2,625.	520,362.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT RESURRECTION 30W350 ARMY TRAIL ROAD WAYNE, IL 60184	36-2169180	501(C)3	0.	521,104.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FRANKFORT TOWNSHIP 11000 W. LINCOLN HIGHWAY FRANKFORT, IL 60423	46-2232580	501(C)3	0.	520,348.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
MORNINGSTAR MISSION 250 N. REPUBLIC JOLIET, IL 60433	36-2422510	501(C)3	0.	515,265.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CHRISTIAN CHURCH FOOD PANTRY - 1400 YORKHOUSE ROAD - WAUKEGAN, IL 60087	36-4333140	501(C)3	0.	512,533.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH ACRES FOUNDATION FOOD PANTRY 120 DOWELL MCHENRY, IL 60051	20-5891871	501(C)3	0.	504,837.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
GRAFTON FOOD PANTRY 11481 ALLISON COURT HUNTLEY, IL 60142	74-3189566	501(C)3	0.	493,366.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GREEN HARVEST FOOD PANTRY 25448 RUFF ST PLAINFIELD, IL 60585-6866	20-1835367	501(C)3	0.	492,600.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FOREST PARK COMMUNITY CENTER 1017 WOODRUFF ROAD JOLIET, IL 60432	36-3954996	501(C)3	0.	485,337.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL ST. FRANCIS 135 S. BUESCHING ROAD LAKE ZURICH, IL 60047	13-5562362	501(C)3	0.	483,100.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EL PUENTE LATINO 2415 N. BUTRICK WAUKEGAN, IL 60087	56-2635134	501(C)3	0.	482,997.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ST. ANASTASIA FOOD PANTRY 624 DOUGLAS AVENUE WAUKEGAN, IL 60085	36-2427693	501(C)3	0.	471,838.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPEN BIBLE CENTER 410 S SMALL AVENUE KANKAKEE, IL 60901	36-3263366	501(C)3	0.	470,833.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALPINE CHAPEL 23153 W. MILLER ROAD LAKE ZURICH, IL 60047	36-3205726	501(C)3	9,018.	453,354.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH 401 N. CLINTON ST. DWIGHT, IL 60420	36-2839405	501(C)3	0.	438,756.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AVON COMMUNITY FOOD PANTRY 433 E. WASHINGTON STREET ROUND LAKE PARK, IL 60073	46-3252431	501(C)3	0.	428,076.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCHELLE CHRISTIAN FOOD PANTRY 770 W. LINCOLN AVE. ROCHELLE, IL 61068	36-3265265	501(C)3	292.	413,178.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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HANOVER TOWNSHIP PANTRY 7431 ASTOR AVE HANOVER PARK, IL 60133	61-1471341	501(C)3	9,000.	400,905.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST UNITED METHODIST CHURCH COMMUNITY MEAL - 236 W CRYSTAL LAKE AVE - CRYSTAL LAKE, IL 60014	36-2681127	501(C)3	0.	390,217.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY FREEPORT FOOD PANTRY - 106 W. EXCHANGE STREET - FREEPORT, IL 61032	37-0923016	501(C)3	0.	387,787.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELPING HANDS FOOD PANTRY 2502 SPRING RIDGE DR. SUITE B SPRING GROVE, IL 60081	36-2950570	501(C)3	0.	384,696.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
LISLE TOWNSHIP PANTRY 4711 INDIANA AVENUE LISLE, IL 60532	36-6006335	501(C)3	0.	381,225.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN UNION FOOD PANTRY 1705 KILBURN AVE. ROCKFORD, IL 61101	80-0820742	501(C)3	30.	371,531.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CARY GROVE FOOD PANTRY 8901 S. CARY-ALGONQUIN ROAD CARY, IL 60013	36-3711072	501(C)3	2,370.	367,109.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
NEW LENOX TOWNSHIP FOOD PANTRY 1100 S. CEDAR ROAD NEW LENOX, IL 60451	36-4304406	501(C)3	0.	367,736.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRSTBORN MINISTRIES FOOD PANTRY 8213 NORTH ALPINE ROAD MACHESNEY PARK, IL 61115	36-3427335	501(C)3	0.	357,603.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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OPEN ARMS MISSION 1548 S. MAIN STREET ANTIOCH, IL 60002	36-2171109	501(C)3	0.	352,850.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BETHLEHEM FEED MY SHEEP 1915 N 1ST ST DEKALB, IL 60115	36-2411007	501(C)3	0.	343,779.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MINOOKA BIBLE CHURCH 412 N WABENA AVENUE MINOOKA, IL 60447	36-3214205	501(C)3	0.	341,910.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT LCM 580 N. KUHN ROAD CAROL STREAM, IL 60188	36-2169180	501(C)3	0.	337,380.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CARE CENTER - BRAIDWOOD 112 S CENTER STREET BRAIDWOOD, IL 60408	20-0940023	501(C)3	0.	335,955.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILLOW CREEK COMMUNITY CHURCH 863 SOUTH VERMONT PALATINE, IL 60067	36-7919030	501(C)3	0.	320,924.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELMHURST-YORKFIELD FOOD PANTRY 1083 S. YORK ROAD ELMHURST, IL 60126	36-2271235	501(C)3	15,000.	292,862.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY OAKBROOK 1 SOUTH 415 SUMMIT AVENUE OAKBROOK TERRACE, IL 60181	36-2167909	501(C)3	0.	307,528.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SECOND BAPTIST FOOD PANTRY 156 S JOLIET STREET JOLIET, IL 60436	36-2939985	501(C)3	3,150.	302,413.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MOUNT ST. JOSEPH 24955 N. HIGHWAY 12 LAKE ZURICH, IL 60047	36-2639774	501(C)3	0.	298,726.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVARD COMMUNITY FOOD PANTRY 6817 HARVARD HILLS RD HARVARD, IL 60033	36-3682155	501(C)3	0.	294,005.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ROCKFORD RESCUE MISSION 715 W. STATE ST. ROCKFORD, IL 61102	36-6132381	501(C)3	0.	291,614.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HEARTS THAT CARE, INC. 420 CHALLENGE ST. FREEPORT, IL 61032	38-3763449	501(C)3	0.	291,359.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
WOODSTOCK FOOD PANTRY 1033 LAKE AVENUE WOODSTOCK, IL 60098	36-3711449	501(C)3	0.	283,793.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DISCIPLES FOOD PANTRY 1336 S. VILLA AVENUE VILLA PARK, IL 60181	36-2521877	501(C)3	0.	283,617.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF NORTHWEST INDIANA 2248 W. 35TH AVENUE GARY, IN 46408	35-1528285	501(C)3	0.	281,909.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BARB FOOD MART 1515 SOUTH 4TH ST. DOOR 28 DEKALB, IL 60115	46-3613866	501(C)3	0.	279,118.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ST. CHARLES 1710 S. 7TH AVENUE ST. CHARLES, IL 60174	36-2167910	501(C)3	0.	277,301.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WOODSTOCK BIBLE CHURCH FOOD PANTRY 770 E. KIMBALL AVE. WOODSTOCK, IL 60098	36-2904441	501(C)3	0.	275,748.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. BRIDGET'S CHURCH 704 CLIFFORD AVENUE LOVES PARK, IL 61111	36-2427759	501(C)3	0.	271,072.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KUZMA CARE COTTAGE 635 S MAIN STREET WILMINGTON, IL 60481	36-2182142	501(C)3	2,370.	258,358.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KANKAKEE CATHOLIC FOOD PANTRY 361 N ST JOSEPH AVE KANKAKEE, IL 60901	36-2312493	501(C)3	0.	258,303.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALL PEOPLES INTERFAITH FOOD PANTRY 256 E. CHICAGO STREET ELGIN, IL 60120-6509	20-1514199	501(C)3	0.	252,491.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE STORE AT HARVEST CHAPEL 725 S COUNTY LINE ROAD SANDWICH, IL 60548	37-6040073	501(C)3	0.	251,659.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GOSPEL OUTREACH OF FREEPORT 209 W. SPRING STREET FREEPORT, IL 61032	35-2167117	501(C)3	0.	247,717.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALEM LUTHERAN CHURCH 1145 DEKALB AVENUE SYCAMORE, IL 60178	36-2277376	501(C)3	0.	246,642.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY KANKAKEE 148 N HARRISON AVENUE KANKAKEE, IL 60901	36-2167910	501(C)3	0.	244,992.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BETWEEN FRIENDS FOOD PANTRY 52 WHEELER ROAD SUGAR GROVE, IL 60554	27-0334698	501(C)3	0.	237,781.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNERSTONE CHURCH 17347 PRATT ROAD SANDWICH, IL 60548	36-3364650	501(C)3	0.	237,043.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASSOCIATION FOR INDIVIDUAL DEVELOPMENT - 1135 BOWES ROAD - ELGIN, IL 60177	36-2472748	501(C)3	2,234.	232,050.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WESTOSHA LAKES-HELPING HANDS 24823 74TH STREET PADDOCK LAKE, WI 53168	20-5383516	501(C)3	0.	232,631.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFT HIM UP MINISTRIES INC PO BOX 3125 JOLIET, IL 60434	36-0094306	501(C)3	0.	226,788.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
SALVATION ARMY JOLIET 300 THIRD AVE JOLIET, IL 60433	36-2167909	501(C)3	0.	222,739.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOST BLESSED TRINITY FOOD PANTRY 912 8TH STREET WAUKEGAN, IL 60085	36-3776225	501(C)3	0.	221,655.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST THE KING - ST VINCENT DEPAUL - 1501 S. MAIN STREET - LOMBARD, IL 60148	36-2583624	501(C)3	0.	217,573.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH BAPTIST CHURCH 1280 ARMOUR DRIVE BOURBONNAIS, IL 60914	36-2919421	501(C)3	0.	216,148.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MT. MORIAH CHRISTIAN CENTER FOOD PANTRY - 523 10TH STREET - NORTH CHICAGO, IL 60064	36-3925621	501(C)3	0.	216,125.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST'S MISSION CHURCH 22811 S CEDAR ROAD MANHATTAN, IL 60442	36-3094449	501(C)3	0.	214,269.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WONDER LAKE NEIGHBORS FOOD PANTRY 3506 E. WONDER LAKE RD. WONDER LAKE, IL 60097	36-3265632	501(C)3	0.	212,571.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KCCSI-KANKAKEE COUNTY COMMUNITY SERVICE - 657 E COURT STREET - KANKAKEE, IL 60901	36-3478600	501(C)3	0.	212,355.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PAUL FOOD PANTRY OF BLOOMINGDALE - 118 FIRST STREET - BLOOMINGDALE, IL 60108	36-3219858	501(C)3	0.	207,757.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRACE LUTHERAN/GPS CHURCH SOUP KITCHEN - 343 GRAND AVENUE - LOVES PARK, IL 61111	36-2345197	501(C)3	0.	205,919.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF EASTERN MICHIGAN 2312 LAPEER ROAD FLINT, MI 48503	38-1384593	501(C)3	0.	204,815.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FEEDING AMERICA EASTERN WISCONSIN 1700 W. FOND DU LAC AVENUE MILWAUKEE, WI 53205	38-1384593	501(C)3	0.	199,959.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SPANISH COMMUNITY CENTER 309 N EASTERN AVE JOLIET, IL 60432	36-2679658	501(C)3	0.	199,924.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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M.O.R.E. CENTER 829 GREENLEE ST. MARENGO, IL 60152-0564	36-4377608	501(C)3	0.	199,233.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTRAL ILLINOIS FOODBANK 2000 E. MOFFAT STREET SPRINGFIELD, IL 62791	37-1106465	501(C)3	0.	198,428.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LORD OF GLORY FOOD PANTRY 607 W. BELVIDERE ROAD GRAYSLAKE, IL 60030	36-4200768	501(C)3	0.	196,598.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ROCKFORD ARC 1720 18TH AVENUE ROCKFORD, IL 61104	36-2167912	501(C)3	0.	195,023.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAYSIDE CROSS MINISTRIES 215 E. NEW YORK ST. AURORA, IL 60505	36-2167950	501(C)3	0.	185,092.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ITASCA FOOD PANTRY 336 W CENTER STREET ITASCA, IL 60143	36-2272363	501(C)3	0.	185,088.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRACE TO SHARE P.O. BOX 175 GRAYSLAKE, IL 60030	20-5891871	501(C)3	0.	182,125.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
JOSEPH'S PANTRY 203 W. PLEASANT FREEPORT, IL 61032	27-1510381	501(C)3	0.	180,949.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SMV SHARING HANDS FOOD PANTRY 236 U.S. HIGHWAY 45 INDIAN CREEK, IL 60061	36-3027567	501(C)3	0.	180,887.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HELPING HANDS FOOD PANTRY 7620 ELM AVENUE MACHESNEY PARK, IL 61115	36-3383927	501(C)3	0.	179,829.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WE CARE OF ROMEOVILLE 219 ARLINGTON DRIVE ROMEOVILLE, IL 60446	36-2474566	501(C)3	0.	176,505.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN FAITH FELLOWSHIP-GURNEE 228 N COUNTY STREET WAUKEGAN, IL 60085	36-4133372	501(C)3	0.	174,504.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW TESTAMENT FELLOWSHIP 515 N SCOTT JOLIET, IL 60432	36-3225843	501(C)3	0.	174,211.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PETER'S CHURCH FOOD PANTRY 620 BLACKHAWK BLVD. SOUTH BELOIT, IL 61080	36-1640220	501(C)3	0.	173,326.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
N.I.C.E. 346 S COUNTY LINE ROAD LEE, IL 60530	36-4067897	501(C)3	0.	171,882.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
RIDGEWOOD UNITED COMM PANTRY 301 FAIRBANKS AVE. JOLIET, IL 60432	36-2182099	501(C)3	0.	171,002.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLEANERS COMM FB OF SOUTHEASTERN MI - LIVINGSTON DISTRIBUTION CENTER - HOWELL, MI 48843	38-2156255	501(C)3	0.	167,676.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FELLOWSHIP BIBLE - JOLIET 122 MORRIS STREET JOLIET, IL 60436	36-2997683	501(C)3	0.	163,568.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FAITH BAPTIST CHURCH OF MONEE 25800 SOUTH CENTER ROAD MONEE, IL 60449	26-1892423	501(C)3	0.	163,563.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SOUL'S HARBOR FOOD PANTRY 2802 - 11TH STREET ROCKFORD, IL 61109	26-3280163	501(C)3	0.	161,068.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MANTENO FOOD PANTRY 205 N. LOCUST (RT.50) MANTENO, IL 60950	36-6005980	501(C)3	0.	160,677.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
RESTORATION CHRISTIAN CHURCH 114 CHANNAHON STREET SHOREWOOD, IL 60404	36-3340037	501(C)3	0.	160,525.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MORAIN TOWNSHIP FOOD PANTRY 777 CENTRAL AVENUE HIGHLAND PARK, IL 60035	26-4269258	501(C)3	0.	159,691.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT FAMILY IN FAITH 1480 BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60108	36-2169180	501(C)3	15,000.	141,861.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CALVARY CHURCH PANTRY 9S200 RT. 59 NAPERVILLE, IL 60544	36-2714030	501(C)3	0.	156,856.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
N.I.C.A.A. - FREEPORT 524 W. STEPHENSON ST. FREEPORT, IL 61032	36-2598679	501(C)3	0.	155,268.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST BAPTIST FOOD PANTRY 5315 DOUGLAS ROAD OSWEGO, IL 60543	36-3327326	501(C)3	0.	154,688.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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TRANSITIONAL LIVING SERVICE 10513 IL ROUTE 47 HEBRON, IL 60034	36-4104887	501(C)3	0.	154,477.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SECOND HARVEST FOOD BANK OF SOUTHERN WISCONSIN - 2802 DAIRY DRIVE - MADISON, WI 53718	39-1490691	501(C)3	0.	151,102.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIBERTYVILLE TOWNSHIP PANTRY 359 MERRILL COURT LIBERTYVILLE, IL 60048	36-3927154	501(C)3	0.	147,942.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELPING HANDS - PEOTONE 200 WEST CRAWFORD PEOTONE, IL 60468	23-7373462	501(C)3	1,980.	145,836.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SACRED HEART - FAMILY TABLE SOUP KITCHEN - 329 S OTTAWA STREET - JOLIET, IL 60436	36-2167850	501(C)3	0.	147,589.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAYNE TOWNSHIP PANTRY 27 W 031 NORTH AVENUE WEST CHICAGO, IL 60185-5122	41-2132599	501(C)3	0.	147,312.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ADDISON COMMUNITY SWITCHBOARD 193 W. MICHAEL LANE ADDISON, IL 60101	23-7222128	501(C)3	0.	146,320.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOSEPH'S - SVDP DOWNERS GROVE 4824 HIGHLAND AVENUE DOWNERS GROVE, IL 60515	36-2174828	501(C)3	1,179.	144,486.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH FOOD PANTRY 800 S. GENESEE ST. WAUKEGAN, IL 60085	36-6448332	501(C)3	0.	143,585.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NEIGHBORHOOD FP AT WEGO TOGETHER 238 E. HAZEL STREET WEST CHICAGO, IL 60185	36-4301829	501(C)3	0.	143,582.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PILGRIMAGE PROTESTANT 1100 EXCHANGE PKWY UNIVERSITY PARK, IL 60466	36-2924164	501(C)3	0.	139,378.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LUTHERBROOK CHILDRENS CENTER 343 W. LAKE STREET ADDISON, IL 60101	36-2167778	501(C)3	0.	139,353.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAIRMONT FOOD PANTRY 525 BARRY AVENUE LOCKPORT, IL 60441	36-3823181	501(C)3	0.	132,558.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE LINE FOOD PANTRY 100 MCDONOUGH STREET JOLIET, IL 60433	30-0051571	501(C)3	0.	131,607.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YORK TOWNSHIP PANTRY 1502 S. MEYERS ROAD LOMBARD, IL 60148	36-4614086	501(C)3	0.	130,567.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AMITY SOCIETY OF FREEPORT LEARNING CENTER - 511 S. LIBERTY AVENUE - FREEPORT, IL 61032	36-2193600	501(C)3	0.	128,455.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST PRESBYTERIAN CHURCH 219 W. MAPLE AVENUE LIBERTYVILLE, IL 60048	36-2195472	501(C)3	0.	128,023.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFELINE FOOD + SELF HELP PROJECT 201 N. 3RD ST. OREGON, IL 61061	36-3274967	501(C)3	0.	126,322.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CATHOLIC CHARITIES LAKE CO. FOOD PANTRY - 671 S. LEWIS AVENUE - WAUKEGAN, IL 60085	36-2170821	501(C)3	0.	125,234.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TWO RIVERS HEAD START AURORA 1661 LANDMARK ROAD AURORA, IL 60506	36-6128783	501(C)3	0.	121,614.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HUMANITARIAN SERVICE PROJECT 465 RANDY ROAD CAROL STREAM, IL 60188	36-3187979	501(C)3	4,874.	116,493.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BROWN BEAR DAY CARE & LEARNING 21007 MCGUIRE ROAD HARVARD, IL 60033	36-4345259	501(C)3	0.	121,222.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILDWOOD PRESBYTERIAN CHURCH 18630 WEST OLD GAGES LAKE ROAD GRAYSLAKE, IL 60030	36-6457622	501(C)3	0.	119,373.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BREAD OF LIFE VALLEY EVANGELICAL COVENANT CHURCH - 103 S. MAPLE STREET - STILLMAN VALLEY, IL 61084	36-2167730	501(C)3	2,816.	115,942.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOX VALLEY HISPANIC SDA PANTRY 505 E. NEW YORK STREET AURORA, IL 60505	36-2277365	501(C)3	0.	118,672.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PROJECT HOPE 320 EAST FRANKLIN BARRINGTON, IL 60010	36-4108515	501(C)3	0.	118,066.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE CHURCH NORTH CAMPUS 5910 ELEVATOR ROAD ROSCOE, IL 61073	37-6040073	501(C)3	0.	117,282.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CHURCH IN THE WORD - ELGIN 430 AIRPORT ROAD ELGIN, IL 60123	36-4383008	501(C)3	0.	116,561.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROSELLE UMC COMMUNITY PANTRY 206 RUSH STREET ROSELLE, IL 60172	36-6094373	501(C)3	3,375.	111,200.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
FAITH COMMUNITY FOOD PANTRY 212 WEST MCKIMMY ST. DAVIS, IL 61019	36-2947825	501(C)3	1,959.	111,393.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ADDISON TOWNSHIP PANTRY 401 N. ADDISON ROAD ADDISON, IL 60101	31-1755124	501(C)3	0.	112,187.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MILTON TOWNSHIP PANTRY 1492 N. MAIN STREET WHEATON, IL 60187	27-0007268	501(C)3	0.	111,170.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JAMES CHURCH FOOD PANTRY 134 NORTH AVE HIGHWOOD, IL 60040	36-2171024	501(C)3	0.	110,439.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH PANTRY 800 THORNTON LOCKPORT, IL 60441	36-2865464	501(C)3	0.	109,973.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOUNT SINAI BAPTIST CHURCH FOOD PANTRY - 2401 ARGONNE DRIVE - NORTH CHICAGO, IL 60064	36-3312786	501(C)3	0.	106,523.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIVELY HOPE CHURCH OF GOD 308 N. MIDLAND JOLIET, IL 60435	36-4325953	501(C)3	0.	104,589.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SYCAMORE UMC FOOD PANTRY 160 JOHNSON AVENUE SYCAMORE, IL 60178	36-2284288	501(C)3	1,485.	101,758.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INTERFAITH FOOD PANTRY 345 S. PRESIDENT STREET CAROL STREAM, IL 60188	36-3536903	501(C)3	500.	102,371.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL DEKALB 302 FISK AVENUE DEKALB, IL 60115	36-2277373	501(C)3	0.	102,825.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EMMANUEL FAITH BIBLE SOUP KITCHEN 1840 LINCOLN STREET NORTH CHICAGO, IL 60064	36-3909925	501(C)3	0.	102,762.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EMMANUEL LUTHERAN FOOD PANTRY 920 3RD AVE. ROCKFORD, IL 61104	36-2222681	501(C)3	675.	100,931.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TWO RIVERS HEAD START ELGIN 418 AIRPORT ROAD ELGIN, IL 60123	36-6128783	501(C)3	0.	101,306.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ROCKFORD PO BOX 4159 ROCKFORD, IL 61110	36-2167909	501(C)3	0.	97,583.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHARE PROGRAM 1776 MOON LAKE BOULEVARD HOFFMAN ESTATES, IL 60169	36-2235147	501(C)3	0.	96,688.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOMBARD-VILLA PARK PANTRY 155 S. MAIN STREET LOMBARD, IL 60148	36-2468668	501(C)3	0.	96,399.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GENTLE SHEPHERD PANTRY 2905 BILDAHL STREET ROCKFORD, IL 61109	90-0234577	501(C)3	0.	94,958.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST TEMPLE FOOD PANTRY 212 RICHARDS STREET JOLIET, IL 60433	36-3603404	501(C)3	0.	94,896.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BLESSING BENCH PANTRY 55 W BENTON STREET JOLIET, IL 60432	41-1568270	501(C)3	0.	94,754.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. MARY OF GOSTYN - SVDP 444 WILSON STREET DOWNERS GROVE, IL 60515	27-0400858	501(C)3	0.	94,754.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ST. GEORGE COPTIC ORTHODOX CHURCH 4601 W. PAULING ROAD MONEE, IL 60449	36-3611685	501(C)3	0.	90,631.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
CHURCH OF JOY - YOUTH PROGRAM 1312 27TH STREET ZION, IL 60099	36-4184410	501(C)3	0.	89,439.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW JERUSALEM CHURCH SOUP KITCHEN 4 EAST IROQUOIS FREEPORT, IL 61032	27-2971747	501(C)3	0.	88,084.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
OUTREACH HOUSE 220 MAIN STREET LOMBARD, IL 60148	20-0545709	501(C)3	0.	87,892.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL @ ST. BEDE FOOD PANTRY - 36455 N WILSON ROAD - INGLESIDE, IL 60041	36-3195567	501(C)3	0.	87,462.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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KIRKLAND FOOD PANTRY 510 W SOUTH STREET KIRKLAND, IL 60146	41-1568278	501(C)3	292.	87,030.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LENA-WINSLOW FOOD PANTRY 511 W. LENA STREET LENA, IL 61048	36-3331352	501(C)3	0.	87,183.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOAVES & FISH FOOD PANTRY 409 W. BRAYTON ROAD MOUNT MORRIS, IL 61054	36-2228811	501(C)3	0.	86,529.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
POLO LIFELINE 113 N. GREEN AVE., SUITE A POLO, IL 61064	36-3266881	501(C)3	0.	86,511.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILL COUNTY BAPTIST TEMPLE 625 MCDONOUGH STREET JOLIET, IL 60436	36-3339124	501(C)3	0.	83,398.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE SPRING COMMUNITY CHURCH 1000 HACKER AVE JOLIET, IL 60432	36-3989438	501(C)3	0.	81,755.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE CHURCH - SOUTH CAMPUS 4312 20TH ST ROCKFORD, IL 61109	37-6040073	501(C)3	0.	79,656.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY BELVIDERE 422 S. MAIN STREET BELVIDERE, IL 61008-3740	38-2167909	501(C)3	0.	79,024.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROMEDEVILLE COMMUNITY PANTRY 2 BELMONT DRIVE ROMEDEVILLE, IL 60446	23-6393377	501(C)3	0.	78,395.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SOUL FOOD PANTRY 2800 BLACK ROAD JOLIET, IL 60435	36-6061101	501(C)3	0.	78,155.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MIRACLE TEMPLE 25730 SOUTH DIXIE HIGHWAY CRETE, IL 60417	36-3862692	501(C)3	0.	77,997.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BROWN BEAR DAY CARE & LEARNING CENTER FP - 21007 MCGUIRE ROAD - HARVARD, IL 60033	36-4345259	501(C)3	2,250.	74,378.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
1ST ASSEMBLY OF GOD 450 E. ROOSEVELT ROAD WEST CHICAGO, IL 60185	36-2527707	501(C)3	0.	76,468.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ICNA RELIEF FOOD PANTRY 1781 N. BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60139	04-3810161	501(C)3	0.	75,290.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN WORSHIP CENTER 1330 63RD STREET DOWNERS GROVE, IL 60516	36-3751493	501(C)3	0.	73,745.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOHN THE BAPTIST FOOD PANTRY 260 DIVISION STREET JOLIET, IL 60435	36-2000084	501(C)3	0.	71,533.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COUNTRYSIDE FOOD PANTRY, INC. 525 N. MAIN STREET ELBURN, IL 60119	36-3502269	501(C)3	0.	70,531.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PETER FOOD PANTRY 1891 KANEVILLE ROAD GENEVA, IL 60134	36-2481174	501(C)3	0.	70,291.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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R.E.A.C.H. MINISTRIES INC. 4300 YACKLEY AVENUE LISLE, IL 60532	36-4350516	501(C)3	0.	69,809.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FUMC - ELGIN - (LOVE ELGIN DAYS) 216 E. HIGHLAND AVENUE ELGIN, IL 60120	36-2167072	501(C)3	0.	69,232.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE TABERNACLE 5414 REIMER DR ROSCOE, IL 61073	43-0679185	501(C)3	0.	68,781.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRI-STATE FOODBANK 801 E. MICHIGAN AVENUE EVANSVILLE, IN 47711	35-1539870	501(C)3	0.	67,094.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BHS CENTER - ELGIN LSSI 675 VARSITY DR. ELGIN, IL 60120-8176	36-2584799	501(C)3	0.	66,570.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SMV SHARING HANDS - P.A.D.S. 236 U.S. HIGHWAY 45 INDIAN CREEK, IL 60061	36-3027567	501(C)3	0.	64,394.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
REMEDIES RENEWING LIVES 220 EASTON PARKWAY ROCKFORD, IL 61108	36-2464898	501(C)3	0.	63,970.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW HOPE MISSIONARY BAPTIST FOOD PANTRY - 1201 TWOMBLY ROAD - DEKALB, IL 60115	36-3689169	501(C)3	0.	62,874.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OUR SHARING FOOD PANTRY 235 S GREEN STREET SOMONAUK, IL 60552-0912	36-4208946	501(C)3	0.	62,237.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MT. SINAI BAPTIST CHURCH FOOD PANTRY - 1901 WEST STATE STREET - ROCKFORD, IL 61102	36-4196770	501(C)3	0.	61,742.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE COMMUNITY CENTER P.O. BOX 66 FORRESTON, IL 61030	36-3039274	501(C)3	510.	59,589.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WESTSIDE CHURCH OF CHRIST 12N266 RANDALL ROAD ELGIN, IL 60121	41-2258779	501(C)3	0.	59,803.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CUPBOARD FOOD PANTRY 1320 EAST AVENUE BELVIDERE, IL 61008	45-3079034	501(C)3	0.	59,454.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE FIRST STEP - LOGAN AVE. 620 LOGAN AVENUE EAST BELVIDERE, IL 61008	36-2740242	501(C)3	0.	59,278.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SECOND BAPTIST BLESSING TABLE 156 S JOLIET STREET JOLIET, IL 60436	36-2939985	501(C)3	0.	58,997.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNERSTONE CHURCH OF LW-MANNA FOOD MINISTRY - 1501 SOUTH GOUGAR ROAD - NEW LENOX, IL 60451	36-3734989	501(C)3	0.	56,620.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DEPAUL SOCIETY - MCHENRY - 5211 BULL VALLEY ROAD - MCHENRY, IL 60050	06-1640220	501(C)3	0.	56,431.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE CHANGERS INT'L CHURCH 2500 BEVERLY ROAD HOFFMAN ESTATES, IL 60195	36-4118688	501(C)3	0.	55,978.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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EMMAUS HOUSE 135 S. BUESCHING ROAD LAKE ZURICH, IL 60047	36-4470272	501(C)3	0.	55,895.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF NORTHEAST GEORGIA 861 NEWTON BRIDGE ROAD ATHEN, GA 30604	58-1938066	501(C)3	0.	55,147.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF NORTHEAST LOUISIANA 4600 CENTRAL AVENUE MONROE, LA 71203	72-1333809	501(C)3	0.	55,080.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK RIVER VALLEY FOOD PANTRY BROADWAY - 1100 BROADWAY - ROCKFORD, IL 61104	36-3135643	501(C)3	0.	54,460.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH FOOD PANTRY 18101 W. OAK AVENUE LOCKPORT, IL 60441	36-3548699	501(C)3	0.	50,639.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE FIRST STEP 1300 PEARL STREET BELVIDERE, IL 61008	36-2740242	501(C)3	0.	49,950.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRINITY DAYCARE 215 N. 1ST ST. ROCKFORD, IL 61107	36-3946325	501(C)3	0.	49,861.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORTH SHORE CHURCH ' CHRIST SOUP KITCHEN - 326 JULIAN STREET - WAUKEGAN, IL 60085	36-4212089	501(C)3	0.	48,420.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAUKEGAN BAPTIST BIBLE CHURCH 1500 SUNSET AVENUE WAUKEGAN, IL 60087	36-3704794	501(C)3	0.	47,353.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CHRISTIAN FAITH FELLOWSHIP 1727 27TH STREET ZION, IL 60099	36-4133372	501(C)3	0.	47,182.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW JERUSALEM CHURCH FOOD PANTRY 4 EAST IROQUOIS FREEPORT, IL 61032	27-2971747	501(C)3	0.	46,092.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HAND & HAND FOOD PANTRY - HARVARD EVANG - 206 W. ST. CHARLES ROAD - VILLA PARK, IL 60181	36-2522934	501(C)3	0.	46,024.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST BIBLE CHAPEL - CRYSTAL LAKE - 580 TRACY TRAIL - CRYSTAL LAKE, IL 60014	36-3590027	501(C)3	701.	44,492.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
HELMAR LUTHERAN CHURCH PANTRY 11935 LISBON ROAD NEWARK, IL 60541	36-2332044	501(C)3	0.	45,124.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY AURORA 437 E. GALENA BOULEVARD AURORA, IL 60505	36-2167909	501(C)3	0.	43,053.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COAL CITY FOOD PANTRY 6805 E MCARDLE ROAD COAL CITY, IL 60416	37-1565493	501(C)3	0.	42,533.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GUARDIAN ANGEL COMM SERVICES 168 NORTH OTTAWA STREET JOLIET, IL 60432	36-2170860	501(C)3	0.	42,518.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ECKER CENTER 1845 GRANDSTAND PLACE ELGIN, IL 60123	36-2312495	501(C)3	0.	42,410.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NEW LIFE PENTECOSTAL CHURCH FOOD PANTRY - 309 N. DIVISION STREET - HARVARD, IL 60033	16-1641601	501(C)3	0.	42,061.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HEBRON COMMUNITY FOOD PANTRY 10317 FREEMAN ROAD HEBRON, IL 60034	36-3277308	501(C)3	0.	41,324.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SANTA MARIA DEL POPOLO - SVDPS 116 N. LAKE STREET MUNDELEIN, IL 60060	36-2157841	501(C)3	592.	40,661.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. ELIZABETH'S CENTER SOUP KITCHEN - 1505 S. MAIN ST. - ROCKFORD, IL 61102	36-2171737	501(C)3	0.	41,237.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
REFORMERS UNANIMOUS MEN'S HOME 319 SAFFORD RD. ROCKFORD, IL 61111	36-4404153	501(C)3	0.	40,937.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WESLEY'S TABLE FOOD PANTRY 500 NORTH CLEVELAND BRADLEY, IL 60915	36-2614818	501(C)3	0.	40,818.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELMHURST WALK-IN MINISTRY 134 ARTHUR STREET ELMHURST, IL 60126	31-1650035	501(C)3	0.	39,925.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAMILY CARE CLOSET NORTH CHICAGO COMMUNITY HIGH SCHOOL NORTH CHICAGO, IL 60064	36-4398556	501(C)3	0.	39,449.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CASA DE VIDA 4513 FRONT ROYAL DRIVE MCHENRY, IL 60050	27-2015790	501(C)3	0.	39,260.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ABIDING LOVE MINISTRIES SOUP KITCHEN - 2929 BETHEL BOULEVARD - ZION, IL 60099	36-6069285	501(C)3	0.	39,080.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BOUNCE BACK SOCIAL SERVICES 1256 W. JEFFERSON STREET, UNIT 101 JOLIET, IL 60435	46-0880919	501(C)3	0.	37,466.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOST BLESSED TRINITY SOUP KITCHEN 914 8TH STREET WAUKEGAN, IL 60085	36-3776225	501(C)3	0.	37,403.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
UNITED COMMUNITY CONCERNS ASSOCIATION - 125 W. CHURCH STREET - ELMHURST, IL 60126	36-3371125	501(C)3	0.	35,686.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK HOUSE KIDS 1321 7TH STREET ROCKFORD, IL 61104	26-2224655	501(C)3	0.	35,427.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOCKPORT WOMEN'S CLUB PO BOX 256 LOCKPORT, IL 60441	36-3009320	501(C)3	0.	34,729.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHIELDS TOWNSHIP 906 MUIR AVENUE LAKE BLUFF, IL 60044	36-4398556	501(C)3	3,848.	30,415.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LEBANON DIST. LAYMEN MINISTRY 402 SINGLETON PLACE JOLIET, IL 60436	36-3548699	501(C)3	0.	33,814.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE CHURCH 500 S. GOUGAR ROAD NEW LENOX, IL 60451	38-2501351	501(C)3	0.	33,056.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GLEN ELLYN FOOD PANTRY CARE CENTER 501 HILLSIDE AVENUE GLEN ELLYN, IL 60137	36-3423123	501(C)3	0.	32,437.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOAVES + FISHES - CRYSTAL LAKE 5650 NORTHWEST HWY CRYSTAL LAKE, IL 60014	36-2196430	501(C)3	0.	32,057.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LAKE COUNTY COMMUNITY ACTION FOOD PANTRY - 213 WATER STREET - WAUKEGAN, IL 60085	36-2580774	501(C)3	0.	31,717.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST THE CARPENTER UMC FOOD PANTRY - 1121 SOUTH WINNEBAGO ST. - ROCKFORD, IL 61102	36-2167731	501(C)3	0.	31,630.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SENIOR SERVICES ASSOC., INC 101 S. GROVE AVENUE ELGIN, IL 60120-6477	36-2775102	501(C)3	0.	31,605.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LITTLE SISTERS OF THE POOR 80 W. NORTHWEST HIGHWAY PALATINE, IL 60067-3580	36-2443793	501(C)3	0.	31,411.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GATEWAY FOUNDATION AURORA 400 MERCY LANE AURORA, IL 60506	36-2670036	501(C)3	0.	31,148.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HINCKLEY AREA FOOD PANTRY 324 W MCKINLEY STREET HINCKLEY, IL 60520	36-4100210	501(C)3	2,250.	28,834.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GREATER BIBLE WAY APOSTOLIC - PANTRY - 1214 BROWN AVE. - JOLIET, IL 60432	20-3327096	501(C)3	0.	30,500.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH OF GENEVA 2300 SOUTH STREET GENEVA, IL 60134	36-2817169	501(C)3	0.	30,225.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLORY TABERNACLE CHURCH 459 N OTTAWA ST JOLIET, IL 60432	36-3856470	501(C)3	0.	30,219.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BARB CITY MANOR 680 HAISH BOULEVARD DEKALB, IL 60115	36-3602051	501(C)3	0.	30,177.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILL COUNTY CENTER-COMMUNITY CONCERNS - 2455 GLENWOOD AVE - JOLIET, IL 60432	36-3473739	501(C)3	0.	29,848.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WHEELING TOWNSHIP FOOD PANTRY 1616 N. ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS, IL 60004	36-4090507	501(C)3	0.	29,718.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INDIAN OAKS ACADEMY 101 BRAMBLE MANTENO, IL 60950	41-1419064	501(C)3	0.	29,636.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BOLINGBROOK 7TH DAY ADVENT FOOD PANTRY - 301 EAST BOUGHTON ROAD - BOLINGBROOK, IL 60440	36-2277365	501(C)3	0.	29,397.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASSISI HOMES OF GURNEE 3495 W. GRAND AVENUE GURNEE, IL 60031	36-3942336	501(C)3	0.	29,063.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE UMMA CENTER 221 WASHINGTON STREET WAUKEGAN, IL 60085	20-0332804	501(C)3	0.	28,521.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SVDP - ST. MARCELLINE CHURCH 822 S. SPRINGINGGUTH ROAD SCHAUMBURG, IL 60193	36-2657505	501(C)3	0.	28,379.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PECATONICA COMMUNITY FOOD PANTRY 528 WASHINGTON STREET PECATONICA, IL 61063	36-3307195	501(C)3	0.	28,344.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MARIE WILKINSON FOUNDATION FOOD PANTRY EAST - 901 E. GALENA BOULEVARD - AURORA, IL 60505	65-1169439	501(C)3	0.	28,031.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CALVARY COMMUNITY CARE FOOD PANTRY 1221 W. MAPLE AVENUE MUNDELEIN, IL 60060	36-2679319	501(C)3	0.	28,027.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BURLINGTON-HAMPSHIRE AREA FOOD PANTRY - 147 MILL AVE - HAMPSHIRE, IL 60140	36-4074647	501(C)3	0.	27,724.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
A SAFE PLACE 2710 17TH ST. ZION, IL 60099	36-3032700	501(C)3	0.	27,425.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WONDER LAKE CHURCH OF GOD 4010 WESTWOOD DRIVE WONDER LAKE, IL 60097	44-0612817	501(C)3	0.	27,421.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTRO DE INFORMACION 28 N. GROVE AVENUE ELGIN, IL 60120	36-2776988	501(C)3	0.	27,389.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
VILLAGE BAPTIST CHURCH 515 S. FRONTENAC ROAD AURORA, IL 60504	36-3679192	501(C)3	0.	27,330.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ROCK RIVER VALLEY FP BACKPACK BUDDIES - 421 SOUTH ROCKTON AVENUE - ROCKFORD, IL 61102	36-3135643	501(C)3	0.	26,454.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MARIAN PARK FOOD PANTRY 2126 W. ROOSEVELT ROAD WHEATON, IL 60187	36-2750105	501(C)3	0.	26,257.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CARPENTERS PLACE 1149 RAILROAD AVENUE ROCKFORD, IL 61104	36-4352283	501(C)3	0.	26,177.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
VETERAN'S DROP-IN CENTER 7625 OWL TRAIL ROCKFORD, IL 61114	27-1081345	501(C)3	0.	26,115.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CUBA TOWNSHIP FOOD PANTRY 28000 W. CUBA ROAD BARRINGTON, IL 60010	61-1442198	501(C)3	0.	25,693.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BREAD OF LIFE SOUP KITCHEN 103 S. MAPLE STREET STILLMAN VALLEY, IL 61084	36-2167730	501(C)3	0.	25,575.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GARDEN OF PRAYER YOUTH CENTER 16424 E STATE RT 114 MOMENCE, IL 60954	36-4047454	501(C)3	0.	24,501.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FUMC SOUP KITCHEN-ELGIN 216 E. HIGHLAND AVENUE ELGIN, IL 60120	36-2167072	501(C)3	0.	24,200.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CATHOLIC CHARITIES HOPE HOUSE PO BOX 696 VILLA PARK, IL 60181	36-2170817	501(C)3	0.	24,004.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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SALVATION ARMY FREEPORT SOUP KITCHEN - 106 W. EXCHANGE STREET - FREEPORT, IL 61032	37-0923016	501(C)3	0.	23,963.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOSEPH PANTRY - ADDISON 330 E. FULLERTON AVENUE ADDISON, IL 60101	36-2404083	501(C)3	0.	23,859.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AMITY SOCIETY OF FREEPORT FOOD PANTRY - 511 S. LIBERTY AVE. - FREEPORT, IL 61032	36-2193600	501(C)3	0.	23,554.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PATRICK'S FOOD PANTRY 710 W MARION STREET JOLIET, IL 60436	36-2179773	501(C)3	4,216.	19,260.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. THOMAS THE APOSTLE 1500 BROOKDALE ROAD NAPERVILLE, IL 60563	36-3314260	501(C)3	0.	23,203.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HUSKIES STUDENT FOOD PANTRY 401 NORMAL ROAD DEKALB, IL 60115	41-1568278	501(C)3	0.	23,121.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH BOLINGBROOK 314 E BRIARCLIFF RD BOLINGBROOK, IL 60440	37-0755264	501(C)3	0.	22,684.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHELTER CARE - JUBILEE CENTER 412 N. CHURCH STREET ROCKFORD, IL 61103	36-3374370	501(C)3	0.	22,139.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST UNITED METHODIST SOUP KITCHEN - 128 N MARTIN LUTHER KING JR AV - WAUKEGAN, IL 60085	36-2235149	501(C)3	0.	21,670.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HOPE FOR TOMORROW 469 N. LAKE STREET AURORA, IL 60506	36-4481458	501(C)3	0.	21,456.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELGIN EVANGELICAL FREE CHURCH 1900 BIG TIMBER ROAD ELGIN, IL 60123	36-2890284	501(C)3	0.	21,206.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ETERNAL FLAME FOOD PANTRY 1412 GREENFIELD AVE. NORTH CHICAGO, IL 60064	53-0204696	501(C)3	0.	20,915.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOX VALLEY PRESCHOOL ACADEMY 4066 FOX VALLEY CENTER DRIVE AURORA, IL 60504	36-4200819	501(C)3	0.	20,810.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CALVARY LIGHTHOUSE 14409 E. HEMSTOCK ROAD ROCHELLE, IL 61068	36-3025977	501(C)3	0.	20,669.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORMAN SLEEZER YOUTH HOME 1401 S. SLEEZER ROAD FREEPORT, IL 61032	36-2803988	501(C)3	0.	20,654.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CUPERTINO HOME 3S570 WARREN AVENUE WARRENVILLE, IL 60555	36-2778655	501(C)3	0.	20,391.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EPISCOPAL CHURCH OF THE REDEEMER 40 CENTER STREET ELGIN, IL 60120	36-6003217	501(C)3	0.	20,269.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INDEPENDENCE CENTER 2025 WASHINGTON STREET WAUKEGAN, IL 60085	36-3542328	501(C)3	0.	20,073.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LITTLE CITY FOUNDATION 1760 W. ALGONQUIN ROAD PALATINE, IL 60067	36-2434562	501(C)3	0.	19,851.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF CHRIST FOOD PANTRY 350 E. JAMES AVENUE WEST CHICAGO, IL 60185	36-3120419	501(C)3	0.	19,399.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HUB CITY SENIORS 401 CHERRY AVENUE ROCHELLE, IL 61068	36-3531683	501(C)3	0.	18,898.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HIGHLAND CHRISTIAN ACADEMY 2250 W. HIGHLAND AVE. ELGIN, IL 60123	36-2606691	501(C)3	0.	18,332.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELMHURST WIM SNACK PROGRAM 125 WEST CHURCH ST ELMHURST, IL 60126	31-1650035	501(C)3	0.	18,297.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRANT TOWNSHIP FOOD PANTRY 26725 W. MOLIDOR ROAD INGLESIDE, IL 60041	36-3927154	501(C)3	0.	18,130.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCHELLE CHILD CARE CENTER 1010 N. 15TH ST. ROCHELLE, IL 61068	36-2827917	501(C)3	0.	17,819.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SOUTH ELGIN FOOD PANTRY 400 W. SPRING STREET SOUTH ELGIN, IL 60177	36-3898311	501(C)3	0.	17,158.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE BILINGUAL FOOD PANTRY 468 ANN STREET WEST CHICAGO, IL 60185-3158	36-6453250	501(C)3	0.	17,061.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HARVEST BIBLE CHAPEL - ELGIN 1000 N RANDALL ROAD ELGIN, IL 60123	36-3590027	501(C)3	0.	16,944.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOSEPH'S CHURCH 112 N. MILWAUKEE AVENUE LIBERTYVILLE, IL 60048	36-2174828	501(C)3	0.	16,686.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIVING WORD MINISTRIES 4426 VIRGINIA AVENUE ROCKFORD, IL 61102	36-4107350	501(C)3	0.	16,495.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOPE HAVEN 1145 RUSHMOORE DR DEKALB, IL 60115	36-3537762	501(C)3	0.	15,938.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BEREAN BAPTIST CHURCH PANTRY 5626 SAFFORD ROAD ROCKFORD, IL 61101	36-7947739	501(C)3	0.	15,860.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOTHERHOUSE CRISIS NURSERY 1603 SOUTH 4TH ST. ROCKFORD, IL 61104	36-2167743	501(C)3	0.	15,828.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
IMMANUEL LUTHERAN GOOD SAMARITAN 16060 LINDENWOOD ROAD LINDENWOOD, IL 61049	36-2640793	501(C)3	0.	15,474.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LSSI SPRING RIDGE SENIOR HOUSING 6645 FINCHAM DRIVE ROCKFORD, IL 61108	36-2584799	501(C)3	0.	15,137.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOVE FELLOWSHIP BAPTIST CHURCH 730 N. INDEPENDENCE BLVD. ROMEDEVILLE, IL 60446	92-0193347	501(C)3	0.	14,691.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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OUR LADY OF HUMILITY FOOD PANTRY 10655 WADSWORTH ROAD ZION, IL 60099	36-2340314	501(C)3	0.	14,548.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PATRICK CATHOLIC CHURCH 15000 W. WADSWORTH ROAD WADSWORTH, IL 60083	36-2171103	501(C)3	0.	14,485.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST PETER'S SVDP A TABLE FOR YOU 325 DICKOP STREET SOUTH BELOIT, IL 61080	06-1640220	501(C)3	0.	14,451.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHILDREN'S LEARNING CENTER 905 SOUTH 4TH STREET DEKALB, IL 60115	36-2717649	501(C)3	0.	14,388.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST UNITED METHODIST CHURCH 317 N. 4TH STREET DEKALB, IL 60115	36-2275713	501(C)3	0.	14,385.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ROSECRANCE/WARE CENTER 2704 N MAIN STREET ROCKFORD, IL 61103	36-2235167	501(C)3	0.	13,853.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YMCA OF ROCK RIVER VALLEY 200 Y BOULEVARD ROCKFORD, IL 61107	36-2174838	501(C)3	0.	13,826.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFESCAPE COMMUNITY SERVICES INC 705 KILBURN AVENUE ROCKFORD, IL 61101	36-3303361	501(C)3	0.	13,494.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WARREN TOWNSHIP 17801 W. WASHINGTON STREET GURNEE, IL 60031	36-3927154	501(C)3	0.	13,083.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MUSLIM SOCIETY, INC. 1785 BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60139	36-3605387	501(C)3	0.	13,081.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SAFE PASSAGE INC PO BOX 621 DEKALB, IL 60115	36-3108372	501(C)3	0.	12,802.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRUE TABERNACLE CHRISTIAN 1220 PAWNEE ST. JOLIET, IL 60433	36-4468769	501(C)3	0.	12,774.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL @ ST. BEDE SOUP KITCHEN - 36455 N WILSON ROAD - INGLESIDE, IL 60041	36-3195567	501(C)3	0.	12,672.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST CHURCH COMMUNITY MEAL 410 GRAND AVENUE WAUKEGAN, IL 60085	36-2264409	501(C)3	0.	12,254.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF HOPE 202 N MONROE GARDNER, IL 60424	36-2857205	501(C)3	0.	12,172.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOPE FOOD DISTRIBUTION SERVICES NFP - 125 W. CHURCH STREET - LIBERTYVILLE, IL 60048	47-2396639	501(C)3	0.	12,121.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LAMBS FARM, INC. 14245 W. ROCKLAND ROAD LIBERTYVILLE, IL 60048	36-3536903	501(C)3	0.	11,935.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF THE BRETHERN 783 W. HIGHLAND AVENUE ELGIN, IL 60123	36-2167025	501(C)3	0.	11,934.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GERMAN VALLEY FOOD PANTRY 65 STATE STREET GERMAN VALLEY, IL 61039	36-2422176	501(C)3	0.	11,330.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPPORTUNITY HOUSE CENTER CROSS 203 CENTER CROSS STREET SYCAMORE, IL 60178	36-2476231	501(C)3	0.	11,326.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LEBANON DIST. LAYMEN MIN SOUP KITCHEN - 402 SINGLETON PLACE - JOLIET, IL 60436	36-3548699	501(C)3	0.	11,172.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY CRYSTAL LAKE 290 W. CRYSTAL LAKE AVE. CRYSTAL LAKE, IL 60014	13-5562351	501(C)3	0.	11,095.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LINCOLN MANOR - LSSI 615 N. LINCOLN HWY. ROCHELLE, IL 61068	36-3936045	501(C)3	0.	11,044.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. ELIZABETH'S CENTER 1536 SOUTH MAIN STREET ROCKFORD, IL 61102	36-2171737	501(C)3	0.	10,982.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KEN-ROCK COMMUNITY CENTER 3218 11TH ST. ROCKFORD, IL 61109	36-2204841	501(C)3	0.	10,880.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YWCA OF ELGIN - SACC DAYCARE 220 E. CHICAGO STREET ELGIN, IL 60120	36-2171177	501(C)3	0.	10,743.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KEN-ROCK COMMUNITY CENTER 3218 SOUTH 11TH STREET ROCKFORD, IL 61109	36-2204841	501(C)3	0.	10,716.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BETHESDA C.O.G.I.C. 457 FREEMONT STREET ELGIN, IL 60120	36-4092970	501(C)3	0.	10,236.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
360 YOUTH SERVICES 2950 BURLINGTON AVENUE LISLE, IL 60532	36-2167910	501(C)3	0.	10,183.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CRISIS CENTER P.O. BOX 1390 ELGIN, IL 60120	36-2855797	501(C)3	0.	10,118.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCKFORD MELD & TRINITY HOUSE 620 KISHWAUKEE ST. ROCKFORD, IL 61104	36-3347409	501(C)3	0.	10,058.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SERENITY HOUSE COUNSELING SERVICE 891 S. ROUTE 53 ADDISON, IL 60101	36-3350438	501(C)3	0.	10,055.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GOD'S GLORY FOOD PANTRY 1250 SOUTH PERRYVILLE RD (CHURCH) ROCKFORD, IL 61105	38-2943860	501(C)3	0.	9,844.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ARC WAUKEGAN 431 S. GENESEE ST. WAUKEGAN, IL 60085	36-2191257	501(C)3	0.	9,102.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LAKE VILLA TOWNSHIP FOOD PANTRY 37908 N. FAIRFIELD ROAD LAKE VILLA, IL 60046	36-2948857	501(C)3	0.	8,806.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASBURY UNITED METHODIST CHURCH 196 S HARRISON AVENUE KANKAKEE, IL 60901	36-2222690	501(C)3	0.	8,702.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER FAITH CHURCH FOOD PANTRY 565 POWELL AVENUE WAUKEGAN, IL 60085	36-4474438	501(C)3	0.	8,580.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFESCAPE COMMUNITY SERVICES INC 705 KILBURN AVENUE ROCKFORD, IL 61101	36-3303361	501(C)3	0.	8,143.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BETHESDA LUTHERAN COMMUNITIES 1761 WOODGATE DR SYCAMORE, IL 60178	39-0806446	501(C)3	0.	7,652.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST CONGREGATIONAL UCC SOUP KITCHEN - 256 E. CHICAGO ST. - ELGIN, IL 60120	36-2182012	501(C)3	0.	7,408.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EMMANUEL LUTHERAN SOUP KITCHEN 920 - 3RD AVENUE ROCKFORD, IL 61104	36-2222681	501(C)3	0.	7,396.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRINITY LUTHERAN - ROSELLE 405 S. RUSH ST. ROSELLE, IL 60172	36-2415161	501(C)3	0.	7,143.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILLOW CREEK DUPAGE 131 MAIN STREET WEST CHICAGO, IL 60185	51-0164942	501(C)3	0.	6,954.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OUTREACH COMMUNITY CENTER 345 S. PRESIDENT STREET CAROL STREAM, IL 60188	23-7265066	501(C)3	0.	6,657.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHELTER CARE MINISTRIES 412 N. CHURCH STREET ROCKFORD, IL 61103	36-3374370	501(C)3	0.	6,586.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISON BIBLE BAPTIST CHURCH 11878 GENESEE ST. ROCKTON, IL 61072	36-3510504	501(C)3	0.	6,493.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAMILY SHELTER SERVICE 605 E ROOSEVELT RD WHEATON, IL 60187	36-2883552	501(C)3	3,655.	2,607.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOX VALLEY CHRISTIAN ACTION 35W701 RIVERWOODS LN. ST. CHARLES, IL 60174	36-2911588	501(C)3	0.	5,789.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TEMPLE JEREMIAH BACKPACK PROGRAM 937 HAPP ROAD NORTHFIELD, IL 60093	36-2555525	501(C)3	0.	5,633.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROUND LAKE CHURCH OF GOD 1202 CEDAR LAKE ROAD ROUND LAKE BEACH, IL 60073	62-0484177	501(C)3	0.	5,463.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE MANGER FOOD PANTRY PO BOX 765 SPRING GROVE, IL 60081	36-4313624	501(C)3	0.	5,261.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YOUTH CONSERVATION CORPS 1020 W. GREENWOOD AVE WAUKEGAN, IL 60085	36-3993578	501(C)3	0.	5,210.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YOUTH SERVICES NETWORK 107 N. 3RD STREET ROCKFORD, IL 61107	36-3297042	501(C)3	0.	5,202.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRANSITIONAL LIVING SERVICE 5330 W ELM STREET MCHENRY, IL 60050	36-4104887	501(C)3	0.	5,185.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZION EVANGELICAL LUTHERAN SOUP KITCHEN - 330 S. GRISWOLD - ELGIN, IL 60123	36-6078586	501(C)3	0.	5,134.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PEACE CHURCH 21300 S LAGRANGE ROAD FRANKFORT, IL 60423	36-3026302	501(C)3	0.	5,057.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROPE, INC. PO BOX 9177 WAUKEGAN, IL 60079-9177	36-3930563	501(C)3	0.	5,013.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART 1, LINE 2:

EACH MEMBER AGENCY IS MONITORED AT LEAST EVERY OTHER YEAR. THE PURPOSE OF THE MONITORING VISIT IS TO ENSURE COMPLIANCE WITH ALL REQUIREMENTS AND STANDARDS SET FORTH IN THE NORTHERN ILLINOIS FOOD BANK AGENCY POLICY AND PROCEDURES MANUAL, INCLUDING PROPER FOOD HANDLING AND DISTRIBUTION PROCEDURES.

FOR CAPACITY BUILDING GRANTS, WE USE AN APPLICATION PROCESS TO AWARD FUNDS FOR EQUIPMENT AND OTHER CAPACITY BUILDING PROJECTS. IF THE AGENCY

Part IV Supplemental Information

RECEIVES AN AWARD, IT MUST SUBMIT PROOF OF PAYMENT FOR PURCHASES

APPROVED BY THE GRANT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIE YURKO PRESIDENT & CEO	(i)	151,500.	37,850.	0.	3,179.	13,166.	205,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

GORDON HAHN RECEIVED A SEVERANCE PACKAGE OF \$32,731 IN THE 4TH QUARTER OF 2015 WHICH WAS REPORTED ON HIS 2015 W-2.

PART I, LINE 5:

THE INCENTIVE PLAN FOR THE CEO IS BASED ON MEETING ANNUAL REVENUE, EXPENSE AND FOOD DISTRIBUTION TARGETS FOR THE ORGANIZATION.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **NORTHERN ILLINOIS FOOD BANK** Employer identification number **36-3203648**

Part I Bond Issues											
SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
CITY OF GENEVA, KANE A COUNTY, ILLINOIS	36-6005893	NONEAVAIL	11/02/10	12000000.	FINANCE A PORTION OF THE CONSTRUCTI		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	3,697,058.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	12,000,000.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds										
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	12,000,000.									
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	2011									
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a current refunding issue?		X								
15 Were the bonds issued as part of an advance refunding issue?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use									
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X							
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CITY OF GENEVA, KANE COUNTY, ILLINOIS

(F) DESCRIPTION OF PURPOSE:

FINANCE A PORTION OF THE CONSTRUCTION COSTS FOR A NEW FOOD DISTRIBUTION CTR

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **NORTHERN ILLINOIS FOOD BANK**
Employer identification number: **36-3203648**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	59,450.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19	104,105.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		114,321,979.	WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	0	69,581.	FAIR MARKET VALUE
26 Other ▶ (AUCTION FOOD)	X	0	20,158.	FAIR MARKET VALUE
27 Other ▶ (OTHER DONATED)	X	0	16,357.	FAIR MARKET VALUE
28 Other ▶ (GIFT CARDS)	X	0	10,906.	CARD VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

SUPPLIES AND EQUIPMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 0

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9806.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED. FOR LINES 19 - 28, THE ORGANIZATION RECEIVED NUMEROUS CONTRIBUTIONS OF THESE TYPES OF PROPERTY.

SCHEDULE M, LINE 32B:

THE ORGANIZATION HIRED AUCTIONS BY CELLULAR TO PROCESS AUCTION ITEMS FOR THE TASTE THAT MATTERS EVENT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN NEED THROUGH INNOVATIVE PROGRAMS AND PARTNERSHIPS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

APPROXIMATELY 74 MILLION POUNDS, EQUIVALENT TO 62.5 MILLION MEALS,
DURING THE 2016 FISCAL YEAR. THE FOOD BANK RECEIVED 32.7 MILLION POUNDS
OF RESCUED FOOD FROM LOCAL RETAILERS AND GROCERS. THERE WERE 402 MOBILE
PANTRY VISITS AND 34,500 HOLIDAY MEAL BOXES DISTRIBUTED DURING THE
FISCAL YEAR. THE FOOD BANK PROVIDED 2.5 MILLION MEALS TO CHILDREN
THROUGH THE BACKPACK, AFTERSCHOOL, AND SUMMER MEAL PROGRAMS. THE SENIOR
BOX PROGRAM PROVIDED MONTHLY DISTRIBUTIONS TO AN AVERAGE OF 606
LOW-INCOME SENIORS EACH MONTH. THROUGH CONTINUED COLLABORATION EFFORTS
WITH LOCAL DAIRIES AND GENEROUS DONORS, THE FOOD BANK DISTRIBUTED
168,290 GALLONS OF FRESH MILK TO OUR NETWORK PARTNERS.

FORM 990, PART VI, SECTION B, LINE 11:

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE
ORGANIZATION'S FORM 990. THE CFO REVIEWS THE COMPLETED FORM 990 WITH THE
BOARD TREASURER. COPIES ARE PROVIDED TO BOARD MEMBERS WITH INVITATION FOR
QUESTIONS OR COMMENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY AGREEMENT TO DO BUSINESS WITH AN OFFICER, DIRECTOR, KEY EMPLOYEE OR
CLOSELY RELATED ENTITY MUST BE REVIEWED AND APPROVED BY THE CEO AND THE
EXECUTIVE COMMITTEE. VALUE OF RELATED PARTY TRANSACTIONS, IF ANY, IS
CONFIRMED AT YEAR END.

Name of the organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
---	--

FORM 990, PART VI, SECTION B, LINE 15A:

FOR THE CEO - THE PERFORMANCE AND COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE INDEPENDENT BOARD EXECUTIVE COMMITTEE. THE COMMITTEE USES DATA FROM OTHER COMPARATIVE FOOD BANKS AND OTHER NON-PROFIT COMPENSATION SURVEYS ALONG WITH CURRENT MARKET DATA. THIS IS THEN RECORDED AND DOCUMENTED BY THE HEAD OF HUMAN RESOURCES.

A SIMILAR PROCESS IS USED FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THEY ARE REVIEWED AND APPROVED ANNUALLY BY THE CEO. THE CEO SIGNS THE APPROVED SALARY SPREADSHEET AND IT IS RECORDED AND KEPT BY THE HEAD OF HUMAN RESOURCES.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND THE 990 ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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STATE COPY

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING
JUNE 30, 2016

PREPARED FOR:

NORTHERN ILLINOIS FOOD BANK
273 DEARBORN COURT
GENEVA, IL 60134

PREPARED BY:

PLANTE & MORAN, PLLC
10 S. RIVERSIDE PLAZA, 9TH FLOOR
CHICAGO, IL 60606

AMOUNT OF TAX:

BALANCE DUE OF \$15

MAKE CHECK PAYABLE TO:

ILLINOIS CHARITY BUREAU FUND

MAIL TAX RETURN TO:

OFFICE OF THE ATTORNEY GENERAL
CHARITABLE TRUST BUREAU
100 WEST RANDOLPH ST., 11TH FLOOR
CHICAGO, IL 60601-3175

RETURN MUST BE MAILED ON OR BEFORE:

FEBRUARY 28, 2017

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED
INDIVIDUAL(S).

FORM IFC MUST BE SIGNED BY THE PROFESSIONAL FUNDRAISER AND AN
OFFICER OR DIRECTOR OF THE ORGANIZATION.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-012457

Report for the Fiscal Period:

Beginning 07/01/2015

& Ending 06/30/2016
 MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 36-3203648

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 09/15/1982
 MO DAY YR

LEGAL NAME NORTHERN ILLINOIS FOOD BANK	Year-end amounts	
MAIL ADDRESS 273 DEARBORN COURT	A) ASSETS	A) \$ 38,411,193.
CITY, STATE GENEVA, IL	B) LIABILITIES	B) \$ 10,084,148.
ZIP CODE 60134	C) NET ASSETS	C) \$ 28,327,045.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	97.326 %	D) \$ 131,452,389.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	2.572 %	E) \$ 3,474,143.
F) OTHER REVENUES	0.102 %	F) \$ 138,159.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 135,064,691.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	11.243 %	H) \$ 15,555,027.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	11.243 %	J) \$ 15,555,027.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	86.594 %	K) \$ 119,803,691.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	97.837 %	L) \$ 135,358,718.
M) MANAGEMENT AND GENERAL EXPENSE	0.606 %	M) \$ 837,913.
N) FUNDRAISING EXPENSE	1.558 %	N) \$ 2,155,119.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 138,351,750.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 41,377.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	60.145 %	Q) \$ 24,886.
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	39.855 %	R) \$ 16,491.
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS SEE STATEMENT 1		S) \$ 671,896.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: JULIE YURKO, PRESIDENT & CEO		T) \$ 189,350.
U) NAME, TITLE: DIANE KORIZON, CFO		U) \$ 130,418.
V) NAME, TITLE: GORDAN HAHN, VP OF OPERATIONS		V) \$ 105,669.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: SERVICE FOR THE POOR		W) # 126
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	<input checked="" type="checkbox"/>	
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: WEST SUBURBAN BANK: 711 S. WESTMORE AVE, LOMBARD, IL BMO HARRIS BANK: P.O. BOX 94033, PALATINE, IL		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: DIANNE KORIZON - (630) 443-6910		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

JULIE YURKO

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

KIMBERLY A. HAUMANN

PREPARER (PRINT NAME)

SIGNATURE

DATE

FORM AG990-IL

PAYMENTS TO FUNDRAISING CONSULTANTS

STATEMENT 1

<u>FUNDRAISING CONSULTANT'S NAME</u>	<u>ADDRESS</u>	<u>AMOUNT PAID</u>
RFD ALPHA DOG BRAD CECIL & ASSOCIATES	8001 S. 13TH STREET, LINCOLN, NE 2115 ARLINGTON DOWNS ROAD, ARLINGTON TX	666,791. 5,105.
TOTAL AMOUNT TO FORM AG990-IL, PART III, LINE S		<u>671,896.</u>

REPORT OF INDIVIDUAL FUNDRAISING CAMPAIGN

CHARITY:

Name NORTHERN ILLINOIS FOOD BANK Reporting Period Beginning 01/01/15 and Ending 12/31/15
Mailing Address 273 DEARBORN COURT CO# 01-012457
City, State, ZIP Code GENEVA, IL 60134 Phone # (630) 443-6910
Contact Person MAEVEN SIPES Title DIR OF INDIV GIVING Phone # 630-443-6910

PROFESSIONAL FUND RAISER (PFR):
Name GATEWAY COMMUNICATIONS PFR #02- 000964

NATURE OF FUNDRAISING ACTIVITY: PHONE SOLICITATION

A. Total Amount Raised A. \$ 41,377.

B. Expenses:	PAID BY:		
	PFR	Charity	
1. Professional Fundraiser Fee		17,884.	1.
2. Solicitor Compensation		7,002.	2.
3. Salaries			3.
4. Printing			4.
5. Postage			5.
6. Telephone			6.
7. Rent & Utilities			7.
8. Supplies			8.
9. Travel			9.
10.			10.
11.			11.
12.			12.
13. TOTAL EXPENSES (PFR + Charity)		24,886.	13.

C. Total amount received by the charitable organization (after all expenses are paid)		\$ 24,886.	B.
D. Percentage of Funds received by charity (Line C divided by Line A)		\$ 16,491.	C.
E. Bank where funds are deposited?	E. <u>WEST SUBURBAN BANK</u>	% 39.855	D.

F. Who (charity or PFR) has signature control of the account(s) listed above? NORTHERN ILLINOIS FOOD BANK
 G. Are the expenses in B above actual expenses for this campaign? Yes or No If No, attach a schedule explaining in detail, how expenses are allocated between fundraising campaigns.

We the undersigned, declare and certify under perjury that we have examined this report, including all the schedules, and statements, and the facts therein stated are true and complete and filed with the Illinois Attorney General for the purpose of having the people of the State of Illinois rely thereupon.

PFR CAMPAIGN
 MANAGER (Print Name) _____ TITLE _____

SIGNATURE _____ DATE _____

OFFICER, DIRECTOR
 OF CHARITY (Print Name) LACIE MANNING TITLE DIR OF PHILANTHRO

SIGNATURE _____ DATE 11/28/16

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHERN ILLINOIS FOOD BANK Doing business as		D Employer identification number 36-3203648
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 273 DEARBORN COURT		E Telephone number (630) 443-6910
	City or town, state or province, country, and ZIP or foreign postal code GENEVA, IL 60134		G Gross receipts \$ 137,282,664.
	F Name and address of principal officer: JULIE YURKO SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number

J Website: **HTTP://SOLVEHUNGERTODAY.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1983** **M** State of legal domicile: **IL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LEAD THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING NUTRITIOUS MEALS TO THOSE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	146
	6 Total number of volunteers (estimate if necessary)	6	31334
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	139,151,204.	130,257,621.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,403.	126,665.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,285,761.	-1,609,844.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	137,972,846.	128,774,442.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	123,490,804.	119,803,691.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,356,420.	6,829,335.
	b Total fundraising expenses (Part IX, column (D), line 25)	721,175.	696,752.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,155,119.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,733,181.	4,731,723.
19 Revenue less expenses. Subtract line 18 from line 12	135,301,580.	132,061,501.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,671,266.	-3,287,059.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	42,318,922.	38,411,193.
		10,725,813.	10,084,148.
		31,593,109.	28,327,045.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	JULIE YURKO, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KIMBERLY A. HAUMANN	KIMBERLY A. HAUMANN	02/01/17		P00546491
	Firm's name	Firm's EIN			
	PLANTE & MORAN, PLLC	38-1357951			
	Firm's address	Phone no. (312) 207-1040			
	10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO LEAD THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING NUTRITIOUS MEALS TO THOSE IN NEED THROUGH INNOVATIVE PROGRAMS AND PARTNERSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 129,068,469. including grants of \$ 119,803,691.) (Revenue \$ 4,282,992.) NORTHERN ILLINOIS FOOD BANK LEADS THE NORTHERN ILLINOIS COMMUNITY IN SOLVING HUNGER BY PROVIDING NUTRITIOUS MEALS TO THOSE IN NEED THROUGH INNOVATIVE PROGRAMS AND PARTNERSHIPS.

THE FOOD BANK HAS DEVELOPED A STRONG FOOD SOLICITATION, ACQUISITION, AND PURCHASING PROGRAM TO ENSURE THAT IT RECEIVES QUALITY FOOD AT THE LOWEST POSSIBLE PRICE, PROVIDING FOOD TO MORE THAN 800 COMMUNITY FOOD PANTRIES AND FEEDING PROGRAMS. OVER 80% OF OUR DISTRIBUTED FOOD CAME FROM DONATIONS.

OUR COLLABORATIVE EFFORTS HELP SERVE MORE THAN 71,500 HUNGRY NEIGHBORS EACH WEEK ACROSS 13 NORTHERN ILLINOIS COUNTIES, AND DISTRIBUTED

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 129,068,469.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 24		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DIANNE KORIZON - (630) 443-6910**
273 DEARBORN COURT, GENEVA, IL 60134

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN JOYCE CHAIR	1.00	X		X				0.	0.	0.
(2) PATRICIA NOVOSSEL VICE CHAIR	1.00	X		X				0.	0.	0.
(3) DIRK LOCASCIO TREASUER	1.00	X		X				0.	0.	0.
(4) GENEACE WILLIAMS SECRETARY	1.00	X		X				0.	0.	0.
(5) IRFAN BADIBANGA DIRECTOR	1.00	X						0.	0.	0.
(6) STACEY BARSEMA DIRECTOR	1.00	X						0.	0.	0.
(7) JEFF BURDEAUX DIRECTOR	1.00	X						0.	0.	0.
(8) COURT CARRUTHERS DIRECTOR	1.00	X						0.	0.	0.
(9) MARTA DAVY DIRECTOR	1.00	X						0.	0.	0.
(10) PAMELA DOWNEY DIRECTOR	1.00	X						0.	0.	0.
(11) FLOYD HILL DIRECTOR	1.00	X						0.	0.	0.
(12) DOUG ECKROTE DIRECTOR	1.00	X						0.	0.	0.
(13) TOM DANT DIRECTOR	1.00	X						0.	0.	0.
(14) BOB GOODPASTER DIRECTOR	1.00	X						0.	0.	0.
(15) CHRISTINE RELLER DIRECTOR	1.00	X						0.	0.	0.
(16) DOUG CYGAN DIRECTOR	1.00	X						0.	0.	0.
(17) MIKE KEANE DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUANITA MARTINEZ DIRECTOR	1.00	X						0.	0.	0.
(19) JAMES MATTIKOW DIRECTOR	1.00	X						0.	0.	0.
(20) BRIAN MCCASKEY DIRECTOR	1.00	X						0.	0.	0.
(21) BOYD NELSON DIRECTOR	1.00	X						0.	0.	0.
(22) JIM OBERWEIS DIRECTOR	1.00	X						0.	0.	0.
(23) MICHAEL PEASTER DIRECTOR	1.00	X						0.	0.	0.
(24) KATHLEEN ROSS DIRECTOR	1.00	X						0.	0.	0.
(25) JOHN ROUSSEL DIRECTOR	1.00	X						0.	0.	0.
(26) GREG SCHWEITZER DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								425,437.	0.	43,573.
d Total (add lines 1b and 1c)								425,437.	0.	43,573.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RKD ALPHA DOG 8001 S 13TH STREET, LINCOLN, NE 68512	DIRECT MAIL CONSULTANT	666,761.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT WASSERMAN DIRECTOR	1.00	X						0.	0.	0.
(28) KAITLIN WOLFE DIRECTOR	1.00	X						0.	0.	0.
(29) JULIE YURKO PRESIDENT & CEO	40.00			X				189,350.	0.	16,345.
(30) DIANNE KORIZON CHIEF FINANCIAL AND STRATEGY OFFICER	40.00			X				130,418.	0.	5,186.
(31) GORDON HAHN VP OPERATIONS THROUGH 9-30-15	40.00				X			105,669.	0.	22,042.
Total to Part VII, Section A, line 1c								425,437.		43,573.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 19,354.				
	b Membership dues	1b				
	c Fundraising events	1c 557,592.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,474,143.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 126,206,532.				
	g Noncash contributions included in lines 1a-1f: \$	114,612,342.				
	h Total. Add lines 1a-1f	▶ 130,257,621.				
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		▶				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶ 117,995.			117,995.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶ 8,670.			8,670.	
	8 a Gross income from fundraising events (not including \$ 557,592. of contributions reported on line 1c). See Part IV, line 18	a 385,919.				
		b Less: direct expenses	b 284,777.			
c Net income or (loss) from fundraising events		▶ 101,142.			101,142.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a 4,282,992.					
	b Less: cost of goods sold	b 6,005,472.				
	c Net income or (loss) from sales of inventory	▶ -1,722,480.	-1,722,480.			
Miscellaneous Revenue		Business Code				
11 a RECYCLING INCOME	900099	11,494.			11,494.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d	▶ 11,494.					
12 Total revenue. See instructions.	▶ 128,774,442.	-1,722,480.	0.		239,301.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	119,803,691.	119,803,691.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	365,796.	160,642.	116,130.	89,024.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,153,647.	4,321,803.	246,500.	585,344.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	133,030.	108,895.	6,315.	17,820.
9 Other employee benefits	792,020.	700,462.	23,075.	68,483.
10 Payroll taxes	384,842.	323,035.	13,988.	47,819.
11 Fees for services (non-employees):				
a Management				
b Legal	5,010.		5,010.	
c Accounting	70,590.		70,590.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	696,752.			696,752.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	93,113.	57,873.	20,988.	14,252.
12 Advertising and promotion	548,820.	109,462.	111,222.	328,136.
13 Office expenses	460,192.	304,821.	74,999.	80,372.
14 Information technology	37,508.	5,068.	352.	32,088.
15 Royalties				
16 Occupancy	700,542.	688,166.	3,847.	8,529.
17 Travel	133,544.	110,403.	4,629.	18,512.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,791.	34,226.	6,926.	5,639.
20 Interest	216,526.	211,546.	1,516.	3,464.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,102,288.	1,072,535.	14,128.	15,625.
23 Insurance	261,405.	246,877.	11,536.	2,992.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION	653,758.	653,750.	0.	8.
b DUES AND SUBSCRIPTIONS	86,906.	23,967.	2,954.	59,985.
c FEEDING AMERICA/IL FEE	71,412.	0.	71,412.	0.
d STAFFING DEVELOPMENT	50,137.	37,272.	7,032.	5,833.
e All other expenses	193,181.	93,975.	24,764.	74,442.
25 Total functional expenses. Add lines 1 through 24e	132,061,501.	129,068,469.	837,913.	2,155,119.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,555,497.	1	6,457,565.
	2 Savings and temporary cash investments	52,883.	2	551,579.
	3 Pledges and grants receivable, net	803,729.	3	819,338.
	4 Accounts receivable, net	91,209.	4	114,499.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,142,603.	8	6,702,400.
	9 Prepaid expenses and deferred charges	31,410.	9	29,185.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 24,704,830.		
	b Less: accumulated depreciation	10b 5,782,735.	19,343,257.	10c 18,922,095.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	4,143,666.	12	4,267,281.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	154,668.	15	547,251.
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,318,922.	16	38,411,193.	
Liabilities	17 Accounts payable and accrued expenses	2,024,320.	17	1,781,206.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	8,701,493.	20	8,302,942.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	10,725,813.	26	10,084,148.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	28,368,433.	27	24,600,589.
	28 Temporarily restricted net assets	3,224,676.	28	3,726,456.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	31,593,109.	33	28,327,045.	
34 Total liabilities and net assets/fund balances	42,318,922.	34	38,411,193.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	128,774,442.
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,061,501.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,287,059.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,593,109.
5	Net unrealized gains (losses) on investments	5	20,995.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,327,045.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization: **NORTHERN ILLINOIS FOOD BANK**
Employer identification number: **36-3203648**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78946078.	104782521	126866070	139151204	130257621	580003494
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	78946078.	104782521	126866070	139151204	130257621	580003494
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						154219922
6 Public support. Subtract line 5 from line 4.						425783572

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	78946078.	104782521	126866070	139151204	130257621	580003494
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,461.	70,898.	77,057.	101,320.	117,995.	447,731.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	209,959.	20,344.	18,123.	16,779.	11,494.	276,699.
11 Total support. Add lines 7 through 10						580727924
12 Gross receipts from related activities, etc. (see instructions)					12	23,031,840.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	73.32	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	78.62	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2011 AMOUNT: \$ 209,959.

2012 AMOUNT: \$ 20,344.

2013 AMOUNT: \$ 18,123.

2014 AMOUNT: \$ 16,779.

2015 AMOUNT: \$ 11,494.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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10-05-15

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		11,626.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			11,626.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

NORTHERN ILLINOIS FOOD BANK AIMS TO INFORM AND EDUCATE LEGISLATORS ON THE WORK AND MISSION OF THE FOOD BANK, AND, WHEN APPROPRIATE, ON LEGISLATION THAT AFFECTS THE FOOD BANK AND/OR OUR HUNGRY NEIGHBORS. IN FY16, STAFF MEMBERS FROM THE FOOD BANK LOBBIED IN WASHINGTON DC (MARCH 1, 2016) AND SPRINGFIELD, IL (MAY 11, 2016) FOR THE ILLINOIS HUNGER

Part IV Supplemental Information *(continued)*

SUMMIT. AT THAT SUMMIT, THE FOOD BANK STAFF MET WITH 24 STATE OFFICIALS AND DELIVERED INFORMATION TO AN ADDITIONAL 34 OFFICIALS. A STAFF MEMBER ALSO VISITED WASHINGTON DC (JUNE 13-15, 2016), SPEAKING WITH KEY LEGISLATORS ABOUT THE NEED FOR THE CHILD NUTRITION REAUTHORIZATION BILL AS A PART OF THE ADVOCACY ACADEMY MADE AVAILABLE BY FEEDING AMERICA. DURING THE FISCAL YEAR, NORTHERN ILLINOIS FOOD BANK HOSTED TWO EVENTS FOR LOCAL LEGISLATORS: "HEALTHY KIDS, HEALTHY COMMUNITIES (AUGUST 27, 2015) AND "TRUE COST OF SKIPPING A MEAL" (FEBRUARY 24, 2016) AND SIGNED ON TO TWO KEY BILLS: SB2393 (BREAKFAST AFTER THE BELL) AND HB6027 (FARMERS MARKET AND SNAP). THE FOOD BANK STAFF MET WITH SEVERAL LOCAL AND STATE LEGISLATORS THROUGHOUT THE YEAR, INCLUDING LT. GOVERNOR EVELYN SANGUINETTI, TO HELP EDUCATE THEM ABOUT WHAT NORTHERN ILLINOIS FOOD BANK PROVIDES TO OUR 13-COUNTY SERVICE AREA.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015
Open to Public Inspection

Name of the organization NORTHERN ILLINOIS FOOD BANK **Employer identification number** 36-3203648

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0.				
b Contributions	400,000.				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	400,000.				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment .00 %
- c Temporarily restricted endowment .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,338,673.		2,338,673.
b Buildings		16,299,018.	1,925,863.	14,373,155.
c Leasehold improvements		777,586.	256,854.	520,732.
d Equipment		2,168,472.	1,601,036.	567,436.
e Other		3,121,081.	1,998,982.	1,122,099.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,922,095.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CORPORATE BONDS & NOTES	1,257,168.	END-OF-YEAR MARKET VALUE
(B) MUNICIPAL SECURITIES	159,933.	END-OF-YEAR MARKET VALUE
(C) PREFERRED SECURITIES	47,656.	END-OF-YEAR MARKET VALUE
(D) NEGOTIABLE CERTIFICATES		
(E) OF DEPOSIT	2,798,040.	END-OF-YEAR MARKET VALUE
(F) EQUITIES	4,484.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,267,281.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	135,106,937.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	20,995.	
b	Donated services and use of facilities	2b	21,251.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	6,290,249.	
e	Add lines 2a through 2d	2e		6,332,495.
3	Subtract line 2e from line 1		3	128,774,442.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	128,774,442.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	138,373,001.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	21,251.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	6,290,249.	
e	Add lines 2a through 2d	2e		6,311,500.
3	Subtract line 2e from line 1		3	132,061,501.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	132,061,501.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

PRINCIPAL TO BE RETAINED FOR LONG-TERM FINANCIAL SECURITY. EARNINGS TO BE USED TO SUPPLEMENT ORGANIZATIONAL REVENUE.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOOD BANK AND RECOGNIZE A TAX LIABILITY IF THE FOOD BANK HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2016 AND 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO

Part XIII Supplemental Information (continued)

BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOOD BANK IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS	6,005,472.
EXPENSES RELATED TO FUNDRAISING	284,777.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,290,249.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS NOT NETTED AGAINST INVENTORY SALES PER FINANCIALS	6,005,472.
EXPENSES RELATED TO FUNDRAISING	284,777.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	6,290,249.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

Part I

Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RKD ALPHA DOG - 8001 S 13TH STREET, LINCOLN, NE 68512	DIRECT MAIL CONSULTANT		X	2,648,219.	666,761.	1,981,458.
BRAD CECIL & ASSOCIATES - 2115 ARLINGTON DOWNS RD., GATEWAY COMMUNICATIONS - 16805 NE MASON COURT,	DIRECT MAIL CONSULTANT		X	43,000.	5,105.	37,895.
	PHONE SOLICITATION		X	41,377.	24,886.	16,491.
Total				2,732,596.	696,752.	2,035,844.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IL

532081
09-14-15

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		TASTE THAT MATTERS (event type)	FOODIE 5K'S (event type)	3 (total number)		
Revenue	1	Gross receipts	418,505.	294,207.	230,799.	943,511.
	2	Less: Contributions	308,050.	148,935.	100,607.	557,592.
	3	Gross income (line 1 minus line 2)	110,455.	145,272.	130,192.	385,919.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	36,563.	24,242.	31,824.	92,629.
	6	Rent/facility costs	39,575.	31,879.	33,232.	104,686.
	7	Food and beverages	23,812.	1,495.	34,712.	60,019.
	8	Entertainment		1,010.	1,000.	2,010.
	9	Other direct expenses	10,726.	10,151.	4,556.	25,433.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				284,777.
11	Net income summary. Subtract line 10 from line 3, column (d)				101,142.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RKD ALPHA DOG

(I) ADDRESS OF FUNDRAISER: 8001 S 13TH STREET, LINCOLN, NE 68512

(I) NAME OF FUNDRAISER: BRAD CECIL & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 2115 ARLINGTON DOWNS RD., ARLINGTON, TX 76011

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 16805 NE MASON COURT, PORTLAND, OR 97230

PART I, LINE 2B, COLUMN (V):

IN ADDITION TO FEES FOR FUNDRAISING SERVICES, THE ORGANIZATION PAYS POSTAGE COSTS TO RKD ALPHA DOG AND BRAD CECIL & ASSOCIATES. POSTAGE IS IDENTIFIED SEPARATELY. THE AMOUNT OF POSTAGE TO RKD ALPHA DOG IS \$281,877 AND THE FEES FOR SERVICES ARE \$666,761. THE AMOUNT OF POSTAGE TO BRAD CECIL & ASSOCIATES IS \$1,066 AND THE FEES FOR SERVICES ARE \$5,105.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **NORTHERN ILLINOIS FOOD BANK** Employer identification number **36-3203648**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES + FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	36-2468668	501(C)3	0.	5,081,724.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AURORA INTERFAITH FOOD PANTRY 1110 JERICHO ROAD AURORA, IL 60506	36-3206531	501(C)3	15,000.	3,449,907.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DUPAGE TOWNSHIP 719 PARKWOOD AVE ROMEDEVILLE, IL 60446	36-4036304	501(C)3	0.	3,022,526.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PEOPLE'S RESOURCE CENTER 201 S. NAPERVILLE ROAD WHEATON, IL 60187	36-3157600	501(C)3	0.	2,977,360.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD FOR GREATER ELGIN 1553 COMMERCE DRIVE ELGIN, IL 60123	27-4409282	501(C)3	2,142.	2,806,019.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
EASTERN ILLINOIS FOODBANK 2405 NORTH SHORE DRIVE URBANA, IL 61802	37-1130252	501(C)3	0.	2,466,062.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **405.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI - 2101 VANDIVER DRIVE - COLUMBIA, MO 65202-1938	43-1238934	501(C)3	0.	2,374,727.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOSANNA 36W925 RED GATE ROAD ST. CHARLES, IL 60175	36-3163421	501(C)3	0.	2,179,714.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PRC-SOUTHEAST - WESTMONT 104 CHESTNUT WESTMONT, IL 60559	36-3157600	501(C)3	0.	1,969,220.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
COMMUNITY CARE CENTER OF THE CHAPEL - 25270 WEST HWY 60 - GRAYSLAKE, IL 60030	36-3963071	501(C)3	0.	1,665,510.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KENDALL COUNTY FOOD PANTRY 208 BEAVER STREET YORKVILLE, IL 60560	36-3514694	501(C)3	0.	1,651,710.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DR. - 118 WOODRIDGE, IL 60517	36-3857072	501(C)3	0.	1,415,965.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. ELIZABETH'S CENTER FOOD PANTRY 1505 S. MAIN STREET ROCKFORD, IL 61102	36-2171737	501(C)3	0.	1,342,306.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT REAL LIFE CHURCH - 525 N. NELTNOR BLVD (IL RT 59) - WEST CHICAGO, IL 60185	36-2169180	501(C)3	0.	1,313,152.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAMILY OUTREACH PROGRAM INC 2223 PLAINFIELD ROAD CREST HILL, IL 60403	36-4270767	501(C)3	0.	1,231,075.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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COOL FOOD PANTRY EAST 800 W. GLEN FLORA WAUKEGAN, IL 60085	36-3360492	501(C)3	0.	1,196,100.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BELVIDERE BOONE COUNTY FOOD PANTRY 200 SOUTH FIFTH ST CAPRON, IL 61012	36-2968196	501(C)3	0.	1,181,130.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOHN LUTHERAN CHURCH 2650 PLAINFIELD ROAD JOLIET, IL 60435	36-6003762	501(C)3	0.	1,136,950.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PLAINFIELD AREA INTERFAITH FP 23066 W LOCKPORT ST. PLAINFIELD, IL 60544	51-0595110	501(C)3	0.	1,080,912.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOLY ANGELS PANTRY 180 S. RUSSELL AVENUE AURORA, IL 60506-4969	36-2207926	501(C)3	0.	1,040,652.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CRYSTAL LAKE FOOD PANTRY 257 KING STREET CRYSTAL LAKE, IL 60014	36-3642915	501(C)3	0.	1,017,960.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTER OF HOPE 895 S WASHINGTON KANKAKEE, IL 60901	36-4427193	501(C)3	0.	976,117.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MARIE WILKINSON FOUNDATION FOOD PANTRY - 834 NORTH HIGHLAND AVENUE - AURORA, IL 60506	65-1169439	501(C)3	9,000.	930,368.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DAYBREAK SHEPHERD'S TABLE 611 E CASS STREET JOLIET, IL 60432	36-2167888	501(C)3	0.	936,931.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FISH OF MCHENRY 3515 N. RICHMOND ROAD MCHENRY, IL 60051	36-3313155	501(C)3	2,246.	904,734.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLEN ELLYN FOOD PANTRY 493 FOREST AVENUE GLEN ELLYN, IL 60137	36-3423123	501(C)3	400.	900,304.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK RIVER VALLEY FOOD PANTRY 421 SOUTH ROCKTON AVENUE ROCKFORD, IL 61102	36-3135643	501(C)3	0.	899,152.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FISH PANTRY OF CARPENTERSVILLE 150 S. KENNEDY DR UNIT 15A CARPENTERSVILLE, IL 60110	23-7180110	501(C)3	0.	882,972.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LORD'S LAMBS MINISTRY 3400 S MAIN ST HOPKINS PARK, IL 60954	71-1031041	501(C)3	0.	842,629.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)3	0.	831,239.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. LOUIS AREA FOODBANK 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	43-1253102	501(C)3	0.	803,193.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HCS FAMILY SERVICES 19 E. CHICAGO AVENUE HINSDALE, IL 60521	36-2174821	501(C)3	0.	775,464.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
BENSENVILLE-WOOD DALE PANTRY 192 S. CENTER STREET BENSENVILLE, IL 60106	36-3213470	501(C)3	0.	708,639.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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RIVER BEND FOODBANK 4010 KIMMEL DRIVE DAVENPORT, IA 52802	36-4289076	501(C)3	0.	705,510.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HANDS OF HOPE FOOD PANTRY 5700 BARTELS ROAD HANOVER PARK, IL 60133	36-3205350	501(C)3	0.	678,447.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FISH OF DOWNERS GROVE 4340 PRINCE STREET DOWNERS GROVE, IL 60515	36-3691414	501(C)3	0.	674,920.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ABIDING LOVE MINISTRIES FOOD PANTRY - 2929 BETHEL BOULEVARD - ZION, IL 60099	36-6069285	501(C)3	0.	651,872.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
APOSTOLIC PENTECOSTAL OF ROCKFORD FOOD PANTRY - 840 MATTIS AVENUE - ROCKFORD, IL 61109	27-2203887	501(C)3	0.	646,029.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EMMANUEL FAITH BIBLE FOOD PANTRY 1840 LINCOLN STREET NORTH CHICAGO, IL 60064	36-3909925	501(C)3	0.	639,429.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNUCOPIA FOOD PANTRY 402 MARKET STREET ROCKFORD, IL 61107	41-1568278	501(C)3	0.	615,692.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WARREN SHARPE COMMUNITY CENTER 454 S JOLIET ST JOLIET, IL 60436	36-3724298	501(C)3	0.	606,478.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIVING MANNA FOOD MINISTRY PO BOX 255 CHANNAHON, IL 60410	37-0755264	501(C)3	0.	598,902.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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SALVATION ARMY DEKALB AREA FOOD PANTRY - 830 GROVE STREET - DEKALB, IL 60115	36-2167909	501(C)3	1,136.	594,501.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COOL FOOD PANTRY - WEST 25519 W. HIGHWAY 134 INGLESIDE, IL 60041	36-3360492	501(C)3	1,093.	588,638.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT IMMANUEL 29W260 BATAVIA ROAD WARRENVILLE, IL 60555	36-2169180	501(C)3	400.	584,144.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
P.L.A.N. 1892 NICOLE LANE ROUND LAKE BEACH, IL 60073	20-3956700	501(C)3	0.	579,355.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
NORTH POINT CHURCH FOOD PANTRY 900 N. LEWIS AVENUE WINTHROP HARBOR, IL 60096	36-3800814	501(C)3	0.	579,004.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALGONQUIN/LAKE IN THE HILLS FOOD PANTRY - 1113 PYOTT ROAD - LAKE IN THE HILLS, IL 60156	36-4303681	501(C)3	0.	578,773.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LUKE 3:11 SHARE CENTER 37510 NORTH FAIRFIELD ROAD LAKE VILLA, IL 60046	96-8076901	501(C)3	2,620.	569,745.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
BATAVIA INTERFAITH FOOD PANTRY 100 FLINN DRIVE BATAVIA, IL 60510	40-0001099	501(C)3	0.	560,556.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ELGIN 316 DOUGLAS AVENUE ELGIN, IL 60120	36-3242346	501(C)3	0.	534,663.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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LOCKPORT FISH FOOD PANTRY 604 E 9TH STREET LOCKPORT, IL 60441	36-1294153	501(C)3	0.	525,869.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WE CARE OF GRUNDY COUNTY, INC. 530 BEDFORD RD. MORRIS, IL 60450	36-3040908	501(C)3	2,625.	520,362.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT RESURRECTION 30W350 ARMY TRAIL ROAD WAYNE, IL 60184	36-2169180	501(C)3	0.	521,104.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FRANKFORT TOWNSHIP 11000 W. LINCOLN HIGHWAY FRANKFORT, IL 60423	46-2232580	501(C)3	0.	520,348.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
MORNINGSTAR MISSION 250 N. REPUBLIC JOLIET, IL 60433	36-2422510	501(C)3	0.	515,265.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CHRISTIAN CHURCH FOOD PANTRY - 1400 YORKHOUSE ROAD - WAUKEGAN, IL 60087	36-4333140	501(C)3	0.	512,533.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH ACRES FOUNDATION FOOD PANTRY 120 DOWELL MCHENRY, IL 60051	20-5891871	501(C)3	0.	504,837.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
GRAFTON FOOD PANTRY 11481 ALLISON COURT HUNTLEY, IL 60142	74-3189566	501(C)3	0.	493,366.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GREEN HARVEST FOOD PANTRY 25448 RUFF ST PLAINFIELD, IL 60585-6866	20-1835367	501(C)3	0.	492,600.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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FOREST PARK COMMUNITY CENTER 1017 WOODRUFF ROAD JOLIET, IL 60432	36-3954996	501(C)3	0.	485,337.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL ST. FRANCIS 135 S. BUESCHING ROAD LAKE ZURICH, IL 60047	13-5562362	501(C)3	0.	483,100.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EL PUENTE LATINO 2415 N. BUTRICK WAUKEGAN, IL 60087	56-2635134	501(C)3	0.	482,997.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ST. ANASTASIA FOOD PANTRY 624 DOUGLAS AVENUE WAUKEGAN, IL 60085	36-2427693	501(C)3	0.	471,838.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPEN BIBLE CENTER 410 S SMALL AVENUE KANKAKEE, IL 60901	36-3263366	501(C)3	0.	470,833.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALPINE CHAPEL 23153 W. MILLER ROAD LAKE ZURICH, IL 60047	36-3205726	501(C)3	9,018.	453,354.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH 401 N. CLINTON ST. DWIGHT, IL 60420	36-2839405	501(C)3	0.	438,756.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AVON COMMUNITY FOOD PANTRY 433 E. WASHINGTON STREET ROUND LAKE PARK, IL 60073	46-3252431	501(C)3	0.	428,076.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCHELLE CHRISTIAN FOOD PANTRY 770 W. LINCOLN AVE. ROCHELLE, IL 61068	36-3265265	501(C)3	292.	413,178.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

Schedule I (Form 990)

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HANOVER TOWNSHIP PANTRY 7431 ASTOR AVE HANOVER PARK, IL 60133	61-1471341	501(C)3	9,000.	400,905.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST UNITED METHODIST CHURCH COMMUNITY MEAL - 236 W CRYSTAL LAKE AVE - CRYSTAL LAKE, IL 60014	36-2681127	501(C)3	0.	390,217.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY FREEPORT FOOD PANTRY - 106 W. EXCHANGE STREET - FREEPORT, IL 61032	37-0923016	501(C)3	0.	387,787.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELPING HANDS FOOD PANTRY 2502 SPRING RIDGE DR. SUITE B SPRING GROVE, IL 60081	36-2950570	501(C)3	0.	384,696.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
LISLE TOWNSHIP PANTRY 4711 INDIANA AVENUE LISLE, IL 60532	36-6006335	501(C)3	0.	381,225.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN UNION FOOD PANTRY 1705 KILBURN AVE. ROCKFORD, IL 61101	80-0820742	501(C)3	30.	371,531.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CARY GROVE FOOD PANTRY 8901 S. CARY-ALGONQUIN ROAD CARY, IL 60013	36-3711072	501(C)3	2,370.	367,109.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
NEW LENOX TOWNSHIP FOOD PANTRY 1100 S. CEDAR ROAD NEW LENOX, IL 60451	36-4304406	501(C)3	0.	367,736.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRSTBORN MINISTRIES FOOD PANTRY 8213 NORTH ALPINE ROAD MACHESNEY PARK, IL 61115	36-3427335	501(C)3	0.	357,603.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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OPEN ARMS MISSION 1548 S. MAIN STREET ANTIOCH, IL 60002	36-2171109	501(C)3	0.	352,850.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BETHLEHEM FEED MY SHEEP 1915 N 1ST ST DEKALB, IL 60115	36-2411007	501(C)3	0.	343,779.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MINOOKA BIBLE CHURCH 412 N WABENA AVENUE MINOOKA, IL 60447	36-3214205	501(C)3	0.	341,910.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT LCM 580 N. KUHN ROAD CAROL STREAM, IL 60188	36-2169180	501(C)3	0.	337,380.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CARE CENTER - BRAIDWOOD 112 S CENTER STREET BRAIDWOOD, IL 60408	20-0940023	501(C)3	0.	335,955.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILLOW CREEK COMMUNITY CHURCH 863 SOUTH VERMONT PALATINE, IL 60067	36-7919030	501(C)3	0.	320,924.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELMHURST-YORKFIELD FOOD PANTRY 1083 S. YORK ROAD ELMHURST, IL 60126	36-2271235	501(C)3	15,000.	292,862.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY OAKBROOK 1 SOUTH 415 SUMMIT AVENUE OAKBROOK TERRACE, IL 60181	36-2167909	501(C)3	0.	307,528.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SECOND BAPTIST FOOD PANTRY 156 S JOLIET STREET JOLIET, IL 60436	36-2939985	501(C)3	3,150.	302,413.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MOUNT ST. JOSEPH 24955 N. HIGHWAY 12 LAKE ZURICH, IL 60047	36-2639774	501(C)3	0.	298,726.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVARD COMMUNITY FOOD PANTRY 6817 HARVARD HILLS RD HARVARD, IL 60033	36-3682155	501(C)3	0.	294,005.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ROCKFORD RESCUE MISSION 715 W. STATE ST. ROCKFORD, IL 61102	36-6132381	501(C)3	0.	291,614.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HEARTS THAT CARE, INC. 420 CHALLENGE ST. FREEPORT, IL 61032	38-3763449	501(C)3	0.	291,359.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
WOODSTOCK FOOD PANTRY 1033 LAKE AVENUE WOODSTOCK, IL 60098	36-3711449	501(C)3	0.	283,793.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
DISCIPLES FOOD PANTRY 1336 S. VILLA AVENUE VILLA PARK, IL 60181	36-2521877	501(C)3	0.	283,617.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF NORTHWEST INDIANA 2248 W. 35TH AVENUE GARY, IN 46408	35-1528285	501(C)3	0.	281,909.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BARB FOOD MART 1515 SOUTH 4TH ST. DOOR 28 DEKALB, IL 60115	46-3613866	501(C)3	0.	279,118.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ST. CHARLES 1710 S. 7TH AVENUE ST. CHARLES, IL 60174	36-2167910	501(C)3	0.	277,301.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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WOODSTOCK BIBLE CHURCH FOOD PANTRY 770 E. KIMBALL AVE. WOODSTOCK, IL 60098	36-2904441	501(C)3	0.	275,748.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. BRIDGET'S CHURCH 704 CLIFFORD AVENUE LOVES PARK, IL 61111	36-2427759	501(C)3	0.	271,072.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KUZMA CARE COTTAGE 635 S MAIN STREET WILMINGTON, IL 60481	36-2182142	501(C)3	2,370.	258,358.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KANKAKEE CATHOLIC FOOD PANTRY 361 N ST JOSEPH AVE KANKAKEE, IL 60901	36-2312493	501(C)3	0.	258,303.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ALL PEOPLES INTERFAITH FOOD PANTRY 256 E. CHICAGO STREET ELGIN, IL 60120-6509	20-1514199	501(C)3	0.	252,491.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE STORE AT HARVEST CHAPEL 725 S COUNTY LINE ROAD SANDWICH, IL 60548	37-6040073	501(C)3	0.	251,659.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GOSPEL OUTREACH OF FREEPORT 209 W. SPRING STREET FREEPORT, IL 61032	35-2167117	501(C)3	0.	247,717.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALEM LUTHERAN CHURCH 1145 DEKALB AVENUE SYCAMORE, IL 60178	36-2277376	501(C)3	0.	246,642.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY KANKAKEE 148 N HARRISON AVENUE KANKAKEE, IL 60901	36-2167910	501(C)3	0.	244,992.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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BETWEEN FRIENDS FOOD PANTRY 52 WHEELER ROAD SUGAR GROVE, IL 60554	27-0334698	501(C)3	0.	237,781.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNERSTONE CHURCH 17347 PRATT ROAD SANDWICH, IL 60548	36-3364650	501(C)3	0.	237,043.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASSOCIATION FOR INDIVIDUAL DEVELOPMENT - 1135 BOWES ROAD - ELGIN, IL 60177	36-2472748	501(C)3	2,234.	232,050.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WESTOSHA LAKES-HELPING HANDS 24823 74TH STREET PADDOCK LAKE, WI 53168	20-5383516	501(C)3	0.	232,631.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFT HIM UP MINISTRIES INC PO BOX 3125 JOLIET, IL 60434	36-0094306	501(C)3	0.	226,788.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
SALVATION ARMY JOLIET 300 THIRD AVE JOLIET, IL 60433	36-2167909	501(C)3	0.	222,739.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOST BLESSED TRINITY FOOD PANTRY 912 8TH STREET WAUKEGAN, IL 60085	36-3776225	501(C)3	0.	221,655.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST THE KING - ST VINCENT DEPAUL - 1501 S. MAIN STREET - LOMBARD, IL 60148	36-2583624	501(C)3	0.	217,573.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAITH BAPTIST CHURCH 1280 ARMOUR DRIVE BOURBONNAIS, IL 60914	36-2919421	501(C)3	0.	216,148.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MT. MORIAH CHRISTIAN CENTER FOOD PANTRY - 523 10TH STREET - NORTH CHICAGO, IL 60064	36-3925621	501(C)3	0.	216,125.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST'S MISSION CHURCH 22811 S CEDAR ROAD MANHATTAN, IL 60442	36-3094449	501(C)3	0.	214,269.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WONDER LAKE NEIGHBORS FOOD PANTRY 3506 E. WONDER LAKE RD. WONDER LAKE, IL 60097	36-3265632	501(C)3	0.	212,571.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KCCSI-KANKAKEE COUNTY COMMUNITY SERVICE - 657 E COURT STREET - KANKAKEE, IL 60901	36-3478600	501(C)3	0.	212,355.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PAUL FOOD PANTRY OF BLOOMINGDALE - 118 FIRST STREET - BLOOMINGDALE, IL 60108	36-3219858	501(C)3	0.	207,757.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRACE LUTHERAN/GPS CHURCH SOUP KITCHEN - 343 GRAND AVENUE - LOVES PARK, IL 61111	36-2345197	501(C)3	0.	205,919.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF EASTERN MICHIGAN 2312 LAPEER ROAD FLINT, MI 48503	38-1384593	501(C)3	0.	204,815.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FEEDING AMERICA EASTERN WISCONSIN 1700 W. FOND DU LAC AVENUE MILWAUKEE, WI 53205	38-1384593	501(C)3	0.	199,959.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SPANISH COMMUNITY CENTER 309 N EASTERN AVE JOLIET, IL 60432	36-2679658	501(C)3	0.	199,924.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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M.O.R.E. CENTER 829 GREENLEE ST. MARENGO, IL 60152-0564	36-4377608	501(C)3	0.	199,233.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTRAL ILLINOIS FOODBANK 2000 E. MOFFAT STREET SPRINGFIELD, IL 62791	37-1106465	501(C)3	0.	198,428.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LORD OF GLORY FOOD PANTRY 607 W. BELVIDERE ROAD GRAYSLAKE, IL 60030	36-4200768	501(C)3	0.	196,598.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ROCKFORD ARC 1720 18TH AVENUE ROCKFORD, IL 61104	36-2167912	501(C)3	0.	195,023.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAYSIDE CROSS MINISTRIES 215 E. NEW YORK ST. AURORA, IL 60505	36-2167950	501(C)3	0.	185,092.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ITASCA FOOD PANTRY 336 W CENTER STREET ITASCA, IL 60143	36-2272363	501(C)3	0.	185,088.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRACE TO SHARE P.O. BOX 175 GRAYSLAKE, IL 60030	20-5891871	501(C)3	0.	182,125.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
JOSEPH'S PANTRY 203 W. PLEASANT FREEPORT, IL 61032	27-1510381	501(C)3	0.	180,949.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SMV SHARING HANDS FOOD PANTRY 236 U.S. HIGHWAY 45 INDIAN CREEK, IL 60061	36-3027567	501(C)3	0.	180,887.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HELPING HANDS FOOD PANTRY 7620 ELM AVENUE MACHESNEY PARK, IL 61115	36-3383927	501(C)3	0.	179,829.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WE CARE OF ROMEOVILLE 219 ARLINGTON DRIVE ROMEOVILLE, IL 60446	36-2474566	501(C)3	0.	176,505.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN FAITH FELLOWSHIP-GURNEE 228 N COUNTY STREET WAUKEGAN, IL 60085	36-4133372	501(C)3	0.	174,504.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW TESTAMENT FELLOWSHIP 515 N SCOTT JOLIET, IL 60432	36-3225843	501(C)3	0.	174,211.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PETER'S CHURCH FOOD PANTRY 620 BLACKHAWK BLVD. SOUTH BELOIT, IL 61080	36-1640220	501(C)3	0.	173,326.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
N.I.C.E. 346 S COUNTY LINE ROAD LEE, IL 60530	36-4067897	501(C)3	0.	171,882.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
RIDGEWOOD UNITED COMM PANTRY 301 FAIRBANKS AVE. JOLIET, IL 60432	36-2182099	501(C)3	0.	171,002.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLEANERS COMM FB OF SOUTHEASTERN MI - LIVINGSTON DISTRIBUTION CENTER - HOWELL, MI 48843	38-2156255	501(C)3	0.	167,676.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FELLOWSHIP BIBLE - JOLIET 122 MORRIS STREET JOLIET, IL 60436	36-2997683	501(C)3	0.	163,568.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FAITH BAPTIST CHURCH OF MONEE 25800 SOUTH CENTER ROAD MONEE, IL 60449	26-1892423	501(C)3	0.	163,563.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SOUL'S HARBOR FOOD PANTRY 2802 - 11TH STREET ROCKFORD, IL 61109	26-3280163	501(C)3	0.	161,068.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MANTENO FOOD PANTRY 205 N. LOCUST (RT.50) MANTENO, IL 60950	36-6005980	501(C)3	0.	160,677.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
RESTORATION CHRISTIAN CHURCH 114 CHANNAHON STREET SHOREWOOD, IL 60404	36-3340037	501(C)3	0.	160,525.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MORAIN TOWNSHIP FOOD PANTRY 777 CENTRAL AVENUE HIGHLAND PARK, IL 60035	26-4269258	501(C)3	0.	159,691.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEIGHBORHOOD FP AT FAMILY IN FAITH 1480 BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60108	36-2169180	501(C)3	15,000.	141,861.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CALVARY CHURCH PANTRY 9S200 RT. 59 NAPERVILLE, IL 60544	36-2714030	501(C)3	0.	156,856.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
N.I.C.A.A. - FREEPORT 524 W. STEPHENSON ST. FREEPORT, IL 61032	36-2598679	501(C)3	0.	155,268.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST BAPTIST FOOD PANTRY 5315 DOUGLAS ROAD OSWEGO, IL 60543	36-3327326	501(C)3	0.	154,688.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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TRANSITIONAL LIVING SERVICE 10513 IL ROUTE 47 HEBRON, IL 60034	36-4104887	501(C)3	0.	154,477.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SECOND HARVEST FOOD BANK OF SOUTHERN WISCONSIN - 2802 DAIRY DRIVE - MADISON, WI 53718	39-1490691	501(C)3	0.	151,102.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIBERTYVILLE TOWNSHIP PANTRY 359 MERRILL COURT LIBERTYVILLE, IL 60048	36-3927154	501(C)3	0.	147,942.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HELPING HANDS - PEOTONE 200 WEST CRAWFORD PEOTONE, IL 60468	23-7373462	501(C)3	1,980.	145,836.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SACRED HEART - FAMILY TABLE SOUP KITCHEN - 329 S OTTAWA STREET - JOLIET, IL 60436	36-2167850	501(C)3	0.	147,589.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAYNE TOWNSHIP PANTRY 27 W 031 NORTH AVENUE WEST CHICAGO, IL 60185-5122	41-2132599	501(C)3	0.	147,312.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ADDISON COMMUNITY SWITCHBOARD 193 W. MICHAEL LANE ADDISON, IL 60101	23-7222128	501(C)3	0.	146,320.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOSEPH'S - SVDP DOWNERS GROVE 4824 HIGHLAND AVENUE DOWNERS GROVE, IL 60515	36-2174828	501(C)3	1,179.	144,486.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH FOOD PANTRY 800 S. GENESEE ST. WAUKEGAN, IL 60085	36-6448332	501(C)3	0.	143,585.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NEIGHBORHOOD FP AT WEGO TOGETHER 238 E. HAZEL STREET WEST CHICAGO, IL 60185	36-4301829	501(C)3	0.	143,582.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PILGRIMAGE PROTESTANT 1100 EXCHANGE PKWY UNIVERSITY PARK, IL 60466	36-2924164	501(C)3	0.	139,378.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LUTHERBROOK CHILDRENS CENTER 343 W. LAKE STREET ADDISON, IL 60101	36-2167778	501(C)3	0.	139,353.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAIRMONT FOOD PANTRY 525 BARRY AVENUE LOCKPORT, IL 60441	36-3823181	501(C)3	0.	132,558.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE LINE FOOD PANTRY 100 MCDONOUGH STREET JOLIET, IL 60433	30-0051571	501(C)3	0.	131,607.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YORK TOWNSHIP PANTRY 1502 S. MEYERS ROAD LOMBARD, IL 60148	36-4614086	501(C)3	0.	130,567.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AMITY SOCIETY OF FREEPORT LEARNING CENTER - 511 S. LIBERTY AVENUE - FREEPORT, IL 61032	36-2193600	501(C)3	0.	128,455.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST PRESBYTERIAN CHURCH 219 W. MAPLE AVENUE LIBERTYVILLE, IL 60048	36-2195472	501(C)3	0.	128,023.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFELINE FOOD + SELF HELP PROJECT 201 N. 3RD ST. OREGON, IL 61061	36-3274967	501(C)3	0.	126,322.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CATHOLIC CHARITIES LAKE CO. FOOD PANTRY - 671 S. LEWIS AVENUE - WAUKEGAN, IL 60085	36-2170821	501(C)3	0.	125,234.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TWO RIVERS HEAD START AURORA 1661 LANDMARK ROAD AURORA, IL 60506	36-6128783	501(C)3	0.	121,614.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HUMANITARIAN SERVICE PROJECT 465 RANDY ROAD CAROL STREAM, IL 60188	36-3187979	501(C)3	4,874.	116,493.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BROWN BEAR DAY CARE & LEARNING 21007 MCGUIRE ROAD HARVARD, IL 60033	36-4345259	501(C)3	0.	121,222.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILDWOOD PRESBYTERIAN CHURCH 18630 WEST OLD GAGES LAKE ROAD GRAYSLAKE, IL 60030	36-6457622	501(C)3	0.	119,373.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BREAD OF LIFE VALLEY EVANGELICAL COVENANT CHURCH - 103 S. MAPLE STREET - STILLMAN VALLEY, IL 61084	36-2167730	501(C)3	2,816.	115,942.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOX VALLEY HISPANIC SDA PANTRY 505 E. NEW YORK STREET AURORA, IL 60505	36-2277365	501(C)3	0.	118,672.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PROJECT HOPE 320 EAST FRANKLIN BARRINGTON, IL 60010	36-4108515	501(C)3	0.	118,066.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE CHURCH NORTH CAMPUS 5910 ELEVATOR ROAD ROSCOE, IL 61073	37-6040073	501(C)3	0.	117,282.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CHURCH IN THE WORD - ELGIN 430 AIRPORT ROAD ELGIN, IL 60123	36-4383008	501(C)3	0.	116,561.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROSELLE UMC COMMUNITY PANTRY 206 RUSH STREET ROSELLE, IL 60172	36-6094373	501(C)3	3,375.	111,200.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
FAITH COMMUNITY FOOD PANTRY 212 WEST MCKIMMY ST. DAVIS, IL 61019	36-2947825	501(C)3	1,959.	111,393.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ADDISON TOWNSHIP PANTRY 401 N. ADDISON ROAD ADDISON, IL 60101	31-1755124	501(C)3	0.	112,187.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MILTON TOWNSHIP PANTRY 1492 N. MAIN STREET WHEATON, IL 60187	27-0007268	501(C)3	0.	111,170.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JAMES CHURCH FOOD PANTRY 134 NORTH AVE HIGHWOOD, IL 60040	36-2171024	501(C)3	0.	110,439.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH PANTRY 800 THORNTON LOCKPORT, IL 60441	36-2865464	501(C)3	0.	109,973.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOUNT SINAI BAPTIST CHURCH FOOD PANTRY - 2401 ARGONNE DRIVE - NORTH CHICAGO, IL 60064	36-3312786	501(C)3	0.	106,523.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIVELY HOPE CHURCH OF GOD 308 N. MIDLAND JOLIET, IL 60435	36-4325953	501(C)3	0.	104,589.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SYCAMORE UMC FOOD PANTRY 160 JOHNSON AVENUE SYCAMORE, IL 60178	36-2284288	501(C)3	1,485.	101,758.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INTERFAITH FOOD PANTRY 345 S. PRESIDENT STREET CAROL STREAM, IL 60188	36-3536903	501(C)3	500.	102,371.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL DEKALB 302 FISK AVENUE DEKALB, IL 60115	36-2277373	501(C)3	0.	102,825.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EMMANUEL FAITH BIBLE SOUP KITCHEN 1840 LINCOLN STREET NORTH CHICAGO, IL 60064	36-3909925	501(C)3	0.	102,762.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EMMANUEL LUTHERAN FOOD PANTRY 920 3RD AVE. ROCKFORD, IL 61104	36-2222681	501(C)3	675.	100,931.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TWO RIVERS HEAD START ELGIN 418 AIRPORT ROAD ELGIN, IL 60123	36-6128783	501(C)3	0.	101,306.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ROCKFORD PO BOX 4159 ROCKFORD, IL 61110	36-2167909	501(C)3	0.	97,583.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHARE PROGRAM 1776 MOON LAKE BOULEVARD HOFFMAN ESTATES, IL 60169	36-2235147	501(C)3	0.	96,688.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOMBARD-VILLA PARK PANTRY 155 S. MAIN STREET LOMBARD, IL 60148	36-2468668	501(C)3	0.	96,399.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GENTLE SHEPHERD PANTRY 2905 BILDAHL STREET ROCKFORD, IL 61109	90-0234577	501(C)3	0.	94,958.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST TEMPLE FOOD PANTRY 212 RICHARDS STREET JOLIET, IL 60433	36-3603404	501(C)3	0.	94,896.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BLESSING BENCH PANTRY 55 W BENTON STREET JOLIET, IL 60432	41-1568270	501(C)3	0.	94,754.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. MARY OF GOSTYN - SVDP 444 WILSON STREET DOWNERS GROVE, IL 60515	27-0400858	501(C)3	0.	94,754.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ST. GEORGE COPTIC ORTHODOX CHURCH 4601 W. PAULING ROAD MONEE, IL 60449	36-3611685	501(C)3	0.	90,631.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
CHURCH OF JOY - YOUTH PROGRAM 1312 27TH STREET ZION, IL 60099	36-4184410	501(C)3	0.	89,439.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW JERUSALEM CHURCH SOUP KITCHEN 4 EAST IROQUOIS FREEPORT, IL 61032	27-2971747	501(C)3	0.	88,084.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
OUTREACH HOUSE 220 MAIN STREET LOMBARD, IL 60148	20-0545709	501(C)3	0.	87,892.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL @ ST. BEDE FOOD PANTRY - 36455 N WILSON ROAD - INGLESIDE, IL 60041	36-3195567	501(C)3	0.	87,462.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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KIRKLAND FOOD PANTRY 510 W SOUTH STREET KIRKLAND, IL 60146	41-1568278	501(C)3	292.	87,030.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LENA-WINSLOW FOOD PANTRY 511 W. LENA STREET LENA, IL 61048	36-3331352	501(C)3	0.	87,183.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOAVES & FISH FOOD PANTRY 409 W. BRAYTON ROAD MOUNT MORRIS, IL 61054	36-2228811	501(C)3	0.	86,529.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
POLO LIFELINE 113 N. GREEN AVE., SUITE A POLO, IL 61064	36-3266881	501(C)3	0.	86,511.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILL COUNTY BAPTIST TEMPLE 625 MCDONOUGH STREET JOLIET, IL 60436	36-3339124	501(C)3	0.	83,398.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE SPRING COMMUNITY CHURCH 1000 HACKER AVE JOLIET, IL 60432	36-3989438	501(C)3	0.	81,755.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE CHURCH - SOUTH CAMPUS 4312 20TH ST ROCKFORD, IL 61109	37-6040073	501(C)3	0.	79,656.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY BELVIDERE 422 S. MAIN STREET BELVIDERE, IL 61008-3740	38-2167909	501(C)3	0.	79,024.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROMEDEVILLE COMMUNITY PANTRY 2 BELMONT DRIVE ROMEDEVILLE, IL 60446	23-6393377	501(C)3	0.	78,395.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SOUL FOOD PANTRY 2800 BLACK ROAD JOLIET, IL 60435	36-6061101	501(C)3	0.	78,155.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MIRACLE TEMPLE 25730 SOUTH DIXIE HIGHWAY CRETE, IL 60417	36-3862692	501(C)3	0.	77,997.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BROWN BEAR DAY CARE & LEARNING CENTER FP - 21007 MCGUIRE ROAD - HARVARD, IL 60033	36-4345259	501(C)3	2,250.	74,378.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
1ST ASSEMBLY OF GOD 450 E. ROOSEVELT ROAD WEST CHICAGO, IL 60185	36-2527707	501(C)3	0.	76,468.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ICNA RELIEF FOOD PANTRY 1781 N. BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60139	04-3810161	501(C)3	0.	75,290.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRISTIAN WORSHIP CENTER 1330 63RD STREET DOWNERS GROVE, IL 60516	36-3751493	501(C)3	0.	73,745.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOHN THE BAPTIST FOOD PANTRY 260 DIVISION STREET JOLIET, IL 60435	36-2000084	501(C)3	0.	71,533.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COUNTRYSIDE FOOD PANTRY, INC. 525 N. MAIN STREET ELBURN, IL 60119	36-3502269	501(C)3	0.	70,531.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PETER FOOD PANTRY 1891 KANEVILLE ROAD GENEVA, IL 60134	36-2481174	501(C)3	0.	70,291.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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R.E.A.C.H. MINISTRIES INC. 4300 YACKLEY AVENUE LISLE, IL 60532	36-4350516	501(C)3	0.	69,809.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FUMC - ELGIN - (LOVE ELGIN DAYS) 216 E. HIGHLAND AVENUE ELGIN, IL 60120	36-2167072	501(C)3	0.	69,232.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE TABERNACLE 5414 REIMER DR ROSCOE, IL 61073	43-0679185	501(C)3	0.	68,781.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRI-STATE FOODBANK 801 E. MICHIGAN AVENUE EVANSVILLE, IN 47711	35-1539870	501(C)3	0.	67,094.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BHS CENTER - ELGIN LSSI 675 VARSITY DR. ELGIN, IL 60120-8176	36-2584799	501(C)3	0.	66,570.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SMV SHARING HANDS - P.A.D.S. 236 U.S. HIGHWAY 45 INDIAN CREEK, IL 60061	36-3027567	501(C)3	0.	64,394.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
REMEDIES RENEWING LIVES 220 EASTON PARKWAY ROCKFORD, IL 61108	36-2464898	501(C)3	0.	63,970.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW HOPE MISSIONARY BAPTIST FOOD PANTRY - 1201 TWOMBLY ROAD - DEKALB, IL 60115	36-3689169	501(C)3	0.	62,874.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OUR SHARING FOOD PANTRY 235 S GREEN STREET SOMONAUK, IL 60552-0912	36-4208946	501(C)3	0.	62,237.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MT. SINAI BAPTIST CHURCH FOOD PANTRY - 1901 WEST STATE STREET - ROCKFORD, IL 61102	36-4196770	501(C)3	0.	61,742.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE COMMUNITY CENTER P.O. BOX 66 FORRESTON, IL 61030	36-3039274	501(C)3	510.	59,589.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WESTSIDE CHURCH OF CHRIST 12N266 RANDALL ROAD ELGIN, IL 60121	41-2258779	501(C)3	0.	59,803.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CUPBOARD FOOD PANTRY 1320 EAST AVENUE BELVIDERE, IL 61008	45-3079034	501(C)3	0.	59,454.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE FIRST STEP - LOGAN AVE. 620 LOGAN AVENUE EAST BELVIDERE, IL 61008	36-2740242	501(C)3	0.	59,278.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SECOND BAPTIST BLESSING TABLE 156 S JOLIET STREET JOLIET, IL 60436	36-2939985	501(C)3	0.	58,997.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CORNERSTONE CHURCH OF LW-MANNA FOOD MINISTRY - 1501 SOUTH GOUGAR ROAD - NEW LENOX, IL 60451	36-3734989	501(C)3	0.	56,620.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DEPAUL SOCIETY - MCHENRY - 5211 BULL VALLEY ROAD - MCHENRY, IL 60050	06-1640220	501(C)3	0.	56,431.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFE CHANGERS INT'L CHURCH 2500 BEVERLY ROAD HOFFMAN ESTATES, IL 60195	36-4118688	501(C)3	0.	55,978.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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EMMAUS HOUSE 135 S. BUESCHING ROAD LAKE ZURICH, IL 60047	36-4470272	501(C)3	0.	55,895.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF NORTHEAST GEORGIA 861 NEWTON BRIDGE ROAD ATHEN, GA 30604	58-1938066	501(C)3	0.	55,147.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOOD BANK OF NORTHEAST LOUISIANA 4600 CENTRAL AVENUE MONROE, LA 71203	72-1333809	501(C)3	0.	55,080.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK RIVER VALLEY FOOD PANTRY BROADWAY - 1100 BROADWAY - ROCKFORD, IL 61104	36-3135643	501(C)3	0.	54,460.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHILOH BAPTIST CHURCH FOOD PANTRY 18101 W. OAK AVENUE LOCKPORT, IL 60441	36-3548699	501(C)3	0.	50,639.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE FIRST STEP 1300 PEARL STREET BELVIDERE, IL 61008	36-2740242	501(C)3	0.	49,950.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRINITY DAYCARE 215 N. 1ST ST. ROCKFORD, IL 61107	36-3946325	501(C)3	0.	49,861.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORTH SHORE CHURCH ' CHRIST SOUP KITCHEN - 326 JULIAN STREET - WAUKEGAN, IL 60085	36-4212089	501(C)3	0.	48,420.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WAUKEGAN BAPTIST BIBLE CHURCH 1500 SUNSET AVENUE WAUKEGAN, IL 60087	36-3704794	501(C)3	0.	47,353.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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CHRISTIAN FAITH FELLOWSHIP 1727 27TH STREET ZION, IL 60099	36-4133372	501(C)3	0.	47,182.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW JERUSALEM CHURCH FOOD PANTRY 4 EAST IROQUOIS FREEPORT, IL 61032	27-2971747	501(C)3	0.	46,092.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HAND & HAND FOOD PANTRY - HARVARD EVANG - 206 W. ST. CHARLES ROAD - VILLA PARK, IL 60181	36-2522934	501(C)3	0.	46,024.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HARVEST BIBLE CHAPEL - CRYSTAL LAKE - 580 TRACY TRAIL - CRYSTAL LAKE, IL 60014	36-3590027	501(C)3	701.	44,492.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
HELMAR LUTHERAN CHURCH PANTRY 11935 LISBON ROAD NEWARK, IL 60541	36-2332044	501(C)3	0.	45,124.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY AURORA 437 E. GALENA BOULEVARD AURORA, IL 60505	36-2167909	501(C)3	0.	43,053.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COAL CITY FOOD PANTRY 6805 E MCARDLE ROAD COAL CITY, IL 60416	37-1565493	501(C)3	0.	42,533.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GUARDIAN ANGEL COMM SERVICES 168 NORTH OTTAWA STREET JOLIET, IL 60432	36-2170860	501(C)3	0.	42,518.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ECKER CENTER 1845 GRANDSTAND PLACE ELGIN, IL 60123	36-2312495	501(C)3	0.	42,410.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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NEW LIFE PENTECOSTAL CHURCH FOOD PANTRY - 309 N. DIVISION STREET - HARVARD, IL 60033	16-1641601	501(C)3	0.	42,061.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HEBRON COMMUNITY FOOD PANTRY 10317 FREEMAN ROAD HEBRON, IL 60034	36-3277308	501(C)3	0.	41,324.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SANTA MARIA DEL POPOLO - SVDPS 116 N. LAKE STREET MUNDELEIN, IL 60060	36-2157841	501(C)3	592.	40,661.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. ELIZABETH'S CENTER SOUP KITCHEN - 1505 S. MAIN ST. - ROCKFORD, IL 61102	36-2171737	501(C)3	0.	41,237.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
REFORMERS UNANIMOUS MEN'S HOME 319 SAFFORD RD. ROCKFORD, IL 61111	36-4404153	501(C)3	0.	40,937.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WESLEY'S TABLE FOOD PANTRY 500 NORTH CLEVELAND BRADLEY, IL 60915	36-2614818	501(C)3	0.	40,818.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELMHURST WALK-IN MINISTRY 134 ARTHUR STREET ELMHURST, IL 60126	31-1650035	501(C)3	0.	39,925.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAMILY CARE CLOSET NORTH CHICAGO COMMUNITY HIGH SCHOOL NORTH CHICAGO, IL 60064	36-4398556	501(C)3	0.	39,449.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CASA DE VIDA 4513 FRONT ROYAL DRIVE MCHENRY, IL 60050	27-2015790	501(C)3	0.	39,260.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ABIDING LOVE MINISTRIES SOUP KITCHEN - 2929 BETHEL BOULEVARD - ZION, IL 60099	36-6069285	501(C)3	0.	39,080.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BOUNCE BACK SOCIAL SERVICES 1256 W. JEFFERSON STREET, UNIT 101 JOLIET, IL 60435	46-0880919	501(C)3	0.	37,466.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOST BLESSED TRINITY SOUP KITCHEN 914 8TH STREET WAUKEGAN, IL 60085	36-3776225	501(C)3	0.	37,403.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
UNITED COMMUNITY CONCERNS ASSOCIATION - 125 W. CHURCH STREET - ELMHURST, IL 60126	36-3371125	501(C)3	0.	35,686.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCK HOUSE KIDS 1321 7TH STREET ROCKFORD, IL 61104	26-2224655	501(C)3	0.	35,427.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOCKPORT WOMEN'S CLUB PO BOX 256 LOCKPORT, IL 60441	36-3009320	501(C)3	0.	34,729.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHIELDS TOWNSHIP 906 MUIR AVENUE LAKE BLUFF, IL 60044	36-4398556	501(C)3	3,848.	30,415.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LEBANON DIST. LAYMEN MINISTRY 402 SINGLETON PLACE JOLIET, IL 60436	36-3548699	501(C)3	0.	33,814.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE CHURCH 500 S. GOUGAR ROAD NEW LENOX, IL 60451	38-2501351	501(C)3	0.	33,056.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GLEN ELLYN FOOD PANTRY CARE CENTER 501 HILLSIDE AVENUE GLEN ELLYN, IL 60137	36-3423123	501(C)3	0.	32,437.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOAVES + FISHES - CRYSTAL LAKE 5650 NORTHWEST HWY CRYSTAL LAKE, IL 60014	36-2196430	501(C)3	0.	32,057.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LAKE COUNTY COMMUNITY ACTION FOOD PANTRY - 213 WATER STREET - WAUKEGAN, IL 60085	36-2580774	501(C)3	0.	31,717.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST THE CARPENTER UMC FOOD PANTRY - 1121 SOUTH WINNEBAGO ST. - ROCKFORD, IL 61102	36-2167731	501(C)3	0.	31,630.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SENIOR SERVICES ASSOC., INC 101 S. GROVE AVENUE ELGIN, IL 60120-6477	36-2775102	501(C)3	0.	31,605.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LITTLE SISTERS OF THE POOR 80 W. NORTHWEST HIGHWAY PALATINE, IL 60067-3580	36-2443793	501(C)3	0.	31,411.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GATEWAY FOUNDATION AURORA 400 MERCY LANE AURORA, IL 60506	36-2670036	501(C)3	0.	31,148.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HINCKLEY AREA FOOD PANTRY 324 W MCKINLEY STREET HINCKLEY, IL 60520	36-4100210	501(C)3	2,250.	28,834.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GREATER BIBLE WAY APOSTOLIC - PANTRY - 1214 BROWN AVE. - JOLIET, IL 60432	20-3327096	501(C)3	0.	30,500.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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FIRST BAPTIST CHURCH OF GENEVA 2300 SOUTH STREET GENEVA, IL 60134	36-2817169	501(C)3	0.	30,225.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GLORY TABERNACLE CHURCH 459 N OTTAWA ST JOLIET, IL 60432	36-3856470	501(C)3	0.	30,219.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BARB CITY MANOR 680 HAISH BOULEVARD DEKALB, IL 60115	36-3602051	501(C)3	0.	30,177.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILL COUNTY CENTER-COMMUNITY CONCERNS - 2455 GLENWOOD AVE - JOLIET, IL 60432	36-3473739	501(C)3	0.	29,848.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WHEELING TOWNSHIP FOOD PANTRY 1616 N. ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS, IL 60004	36-4090507	501(C)3	0.	29,718.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INDIAN OAKS ACADEMY 101 BRAMBLE MANTENO, IL 60950	41-1419064	501(C)3	0.	29,636.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BOLINGBROOK 7TH DAY ADVENT FOOD PANTRY - 301 EAST BOUGHTON ROAD - BOLINGBROOK, IL 60440	36-2277365	501(C)3	0.	29,397.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASSISI HOMES OF GURNEE 3495 W. GRAND AVENUE GURNEE, IL 60031	36-3942336	501(C)3	0.	29,063.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE UMMA CENTER 221 WASHINGTON STREET WAUKEGAN, IL 60085	20-0332804	501(C)3	0.	28,521.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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SVDP - ST. MARCELLINE CHURCH 822 S. SPRINGINSGUTH ROAD SCHAUMBURG, IL 60193	36-2657505	501(C)3	0.	28,379.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PECATONICA COMMUNITY FOOD PANTRY 528 WASHINGTON STREET PECATONICA, IL 61063	36-3307195	501(C)3	0.	28,344.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MARIE WILKINSON FOUNDATION FOOD PANTRY EAST - 901 E. GALENA BOULEVARD - AURORA, IL 60505	65-1169439	501(C)3	0.	28,031.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CALVARY COMMUNITY CARE FOOD PANTRY 1221 W. MAPLE AVENUE MUNDELEIN, IL 60060	36-2679319	501(C)3	0.	28,027.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BURLINGTON-HAMPSHIRE AREA FOOD PANTRY - 147 MILL AVE - HAMPSHIRE, IL 60140	36-4074647	501(C)3	0.	27,724.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
A SAFE PLACE 2710 17TH ST. ZION, IL 60099	36-3032700	501(C)3	0.	27,425.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WONDER LAKE CHURCH OF GOD 4010 WESTWOOD DRIVE WONDER LAKE, IL 60097	44-0612817	501(C)3	0.	27,421.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CENTRO DE INFORMACION 28 N. GROVE AVENUE ELGIN, IL 60120	36-2776988	501(C)3	0.	27,389.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
VILLAGE BAPTIST CHURCH 515 S. FRONTENAC ROAD AURORA, IL 60504	36-3679192	501(C)3	0.	27,330.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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ROCK RIVER VALLEY FP BACKPACK BUDDIES - 421 SOUTH ROCKTON AVENUE - ROCKFORD, IL 61102	36-3135643	501(C)3	0.	26,454.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MARIAN PARK FOOD PANTRY 2126 W. ROOSEVELT ROAD WHEATON, IL 60187	36-2750105	501(C)3	0.	26,257.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CARPENTERS PLACE 1149 RAILROAD AVENUE ROCKFORD, IL 61104	36-4352283	501(C)3	0.	26,177.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
VETERAN'S DROP-IN CENTER 7625 OWL TRAIL ROCKFORD, IL 61114	27-1081345	501(C)3	0.	26,115.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CUBA TOWNSHIP FOOD PANTRY 28000 W. CUBA ROAD BARRINGTON, IL 60010	61-1442198	501(C)3	0.	25,693.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BREAD OF LIFE SOUP KITCHEN 103 S. MAPLE STREET STILLMAN VALLEY, IL 61084	36-2167730	501(C)3	0.	25,575.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GARDEN OF PRAYER YOUTH CENTER 16424 E STATE RT 114 MOMENCE, IL 60954	36-4047454	501(C)3	0.	24,501.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FUMC SOUP KITCHEN-ELGIN 216 E. HIGHLAND AVENUE ELGIN, IL 60120	36-2167072	501(C)3	0.	24,200.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CATHOLIC CHARITIES HOPE HOUSE PO BOX 696 VILLA PARK, IL 60181	36-2170817	501(C)3	0.	24,004.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY

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SALVATION ARMY FREEPORT SOUP KITCHEN - 106 W. EXCHANGE STREET - FREEPORT, IL 61032	37-0923016	501(C)3	0.	23,963.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOSEPH PANTRY - ADDISON 330 E. FULLERTON AVENUE ADDISON, IL 60101	36-2404083	501(C)3	0.	23,859.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
AMITY SOCIETY OF FREEPORT FOOD PANTRY - 511 S. LIBERTY AVE. - FREEPORT, IL 61032	36-2193600	501(C)3	0.	23,554.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PATRICK'S FOOD PANTRY 710 W MARION STREET JOLIET, IL 60436	36-2179773	501(C)3	4,216.	19,260.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. THOMAS THE APOSTLE 1500 BROOKDALE ROAD NAPERVILLE, IL 60563	36-3314260	501(C)3	0.	23,203.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HUSKIES STUDENT FOOD PANTRY 401 NORMAL ROAD DEKALB, IL 60115	41-1568278	501(C)3	0.	23,121.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH BOLINGBROOK 314 E BRIARCLIFF RD BOLINGBROOK, IL 60440	37-0755264	501(C)3	0.	22,684.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHELTER CARE - JUBILEE CENTER 412 N. CHURCH STREET ROCKFORD, IL 61103	36-3374370	501(C)3	0.	22,139.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST UNITED METHODIST SOUP KITCHEN - 128 N MARTIN LUTHER KING JR AV - WAUKEGAN, IL 60085	36-2235149	501(C)3	0.	21,670.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HOPE FOR TOMORROW 469 N. LAKE STREET AURORA, IL 60506	36-4481458	501(C)3	0.	21,456.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELGIN EVANGELICAL FREE CHURCH 1900 BIG TIMBER ROAD ELGIN, IL 60123	36-2890284	501(C)3	0.	21,206.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ETERNAL FLAME FOOD PANTRY 1412 GREENFIELD AVE. NORTH CHICAGO, IL 60064	53-0204696	501(C)3	0.	20,915.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOX VALLEY PRESCHOOL ACADEMY 4066 FOX VALLEY CENTER DRIVE AURORA, IL 60504	36-4200819	501(C)3	0.	20,810.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CALVARY LIGHTHOUSE 14409 E. HEMSTOCK ROAD ROCHELLE, IL 61068	36-3025977	501(C)3	0.	20,669.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NORMAN SLEEZER YOUTH HOME 1401 S. SLEEZER ROAD FREEPORT, IL 61032	36-2803988	501(C)3	0.	20,654.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CUPERTINO HOME 3S570 WARREN AVENUE WARRENVILLE, IL 60555	36-2778655	501(C)3	0.	20,391.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EPISCOPAL CHURCH OF THE REDEEMER 40 CENTER STREET ELGIN, IL 60120	36-6003217	501(C)3	0.	20,269.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
INDEPENDENCE CENTER 2025 WASHINGTON STREET WAUKEGAN, IL 60085	36-3542328	501(C)3	0.	20,073.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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LITTLE CITY FOUNDATION 1760 W. ALGONQUIN ROAD PALATINE, IL 60067	36-2434562	501(C)3	0.	19,851.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF CHRIST FOOD PANTRY 350 E. JAMES AVENUE WEST CHICAGO, IL 60185	36-3120419	501(C)3	0.	19,399.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HUB CITY SENIORS 401 CHERRY AVENUE ROCHELLE, IL 61068	36-3531683	501(C)3	0.	18,898.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HIGHLAND CHRISTIAN ACADEMY 2250 W. HIGHLAND AVE. ELGIN, IL 60123	36-2606691	501(C)3	0.	18,332.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ELMHURST WIM SNACK PROGRAM 125 WEST CHURCH ST ELMHURST, IL 60126	31-1650035	501(C)3	0.	18,297.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GRANT TOWNSHIP FOOD PANTRY 26725 W. MOLIDOR ROAD INGLESIDE, IL 60041	36-3927154	501(C)3	0.	18,130.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCHELLE CHILD CARE CENTER 1010 N. 15TH ST. ROCHELLE, IL 61068	36-2827917	501(C)3	0.	17,819.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SOUTH ELGIN FOOD PANTRY 400 W. SPRING STREET SOUTH ELGIN, IL 60177	36-3898311	501(C)3	0.	17,158.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
NEW LIFE BILINGUAL FOOD PANTRY 468 ANN STREET WEST CHICAGO, IL 60185-3158	36-6453250	501(C)3	0.	17,061.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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HARVEST BIBLE CHAPEL - ELGIN 1000 N RANDALL ROAD ELGIN, IL 60123	36-3590027	501(C)3	0.	16,944.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. JOSEPH'S CHURCH 112 N. MILWAUKEE AVENUE LIBERTYVILLE, IL 60048	36-2174828	501(C)3	0.	16,686.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIVING WORD MINISTRIES 4426 VIRGINIA AVENUE ROCKFORD, IL 61102	36-4107350	501(C)3	0.	16,495.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOPE HAVEN 1145 RUSHMOORE DR DEKALB, IL 60115	36-3537762	501(C)3	0.	15,938.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BEREAN BAPTIST CHURCH PANTRY 5626 SAFFORD ROAD ROCKFORD, IL 61101	36-7947739	501(C)3	0.	15,860.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
MOTHERHOUSE CRISIS NURSERY 1603 SOUTH 4TH ST. ROCKFORD, IL 61104	36-2167743	501(C)3	0.	15,828.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
IMMANUEL LUTHERAN GOOD SAMARITAN 16060 LINDENWOOD ROAD LINDENWOOD, IL 61049	36-2640793	501(C)3	0.	15,474.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LSSI SPRING RIDGE SENIOR HOUSING 6645 FINCHAM DRIVE ROCKFORD, IL 61108	36-2584799	501(C)3	0.	15,137.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LOVE FELLOWSHIP BAPTIST CHURCH 730 N. INDEPENDENCE BLVD. ROMEDEVILLE, IL 60446	92-0193347	501(C)3	0.	14,691.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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OUR LADY OF HUMILITY FOOD PANTRY 10655 WADSWORTH ROAD ZION, IL 60099	36-2340314	501(C)3	0.	14,548.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. PATRICK CATHOLIC CHURCH 15000 W. WADSWORTH ROAD WADSWORTH, IL 60083	36-2171103	501(C)3	0.	14,485.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST PETER'S SVDP A TABLE FOR YOU 325 DICKOP STREET SOUTH BELOIT, IL 61080	06-1640220	501(C)3	0.	14,451.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHILDREN'S LEARNING CENTER 905 SOUTH 4TH STREET DEKALB, IL 60115	36-2717649	501(C)3	0.	14,388.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST UNITED METHODIST CHURCH 317 N. 4TH STREET DEKALB, IL 60115	36-2275713	501(C)3	0.	14,385.	AVG WHOLESALE VALUE, FMV	FOOD, EQUIPMENT	FEED THE HUNGRY, INCR. CAPACITY
ROSECRANCE/WARE CENTER 2704 N MAIN STREET ROCKFORD, IL 61103	36-2235167	501(C)3	0.	13,853.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YMCA OF ROCK RIVER VALLEY 200 Y BOULEVARD ROCKFORD, IL 61107	36-2174838	501(C)3	0.	13,826.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFESCAPE COMMUNITY SERVICES INC 705 KILBURN AVENUE ROCKFORD, IL 61101	36-3303361	501(C)3	0.	13,494.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WARREN TOWNSHIP 17801 W. WASHINGTON STREET GURNEE, IL 60031	36-3927154	501(C)3	0.	13,083.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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MUSLIM SOCIETY, INC. 1785 BLOOMINGDALE ROAD GLENDALE HEIGHTS, IL 60139	36-3605387	501(C)3	0.	13,081.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SAFE PASSAGE INC PO BOX 621 DEKALB, IL 60115	36-3108372	501(C)3	0.	12,802.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRUE TABERNACLE CHRISTIAN 1220 PAWNEE ST. JOLIET, IL 60433	36-4468769	501(C)3	0.	12,774.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. VINCENT DE PAUL @ ST. BEDE SOUP KITCHEN - 36455 N WILSON ROAD - INGLESIDE, IL 60041	36-3195567	501(C)3	0.	12,672.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHRIST CHURCH COMMUNITY MEAL 410 GRAND AVENUE WAUKEGAN, IL 60085	36-2264409	501(C)3	0.	12,254.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF HOPE 202 N MONROE GARDNER, IL 60424	36-2857205	501(C)3	0.	12,172.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
HOPE FOOD DISTRIBUTION SERVICES NFP - 125 W. CHURCH STREET - LIBERTYVILLE, IL 60048	47-2396639	501(C)3	0.	12,121.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LAMBS FARM, INC. 14245 W. ROCKLAND ROAD LIBERTYVILLE, IL 60048	36-3536903	501(C)3	0.	11,935.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
CHURCH OF THE BRETHERN 783 W. HIGHLAND AVENUE ELGIN, IL 60123	36-2167025	501(C)3	0.	11,934.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

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GERMAN VALLEY FOOD PANTRY 65 STATE STREET GERMAN VALLEY, IL 61039	36-2422176	501(C)3	0.	11,330.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OPPORTUNITY HOUSE CENTER CROSS 203 CENTER CROSS STREET SYCAMORE, IL 60178	36-2476231	501(C)3	0.	11,326.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LEBANON DIST. LAYMEN MIN SOUP KITCHEN - 402 SINGLETON PLACE - JOLIET, IL 60436	36-3548699	501(C)3	0.	11,172.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY CRYSTAL LAKE 290 W. CRYSTAL LAKE AVE. CRYSTAL LAKE, IL 60014	13-5562351	501(C)3	0.	11,095.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LINCOLN MANOR - LSSI 615 N. LINCOLN HWY. ROCHELLE, IL 61068	36-3936045	501(C)3	0.	11,044.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ST. ELIZABETH'S CENTER 1536 SOUTH MAIN STREET ROCKFORD, IL 61102	36-2171737	501(C)3	0.	10,982.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KEN-ROCK COMMUNITY CENTER 3218 11TH ST. ROCKFORD, IL 61109	36-2204841	501(C)3	0.	10,880.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YWCA OF ELGIN - SACC DAYCARE 220 E. CHICAGO STREET ELGIN, IL 60120	36-2171177	501(C)3	0.	10,743.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
KEN-ROCK COMMUNITY CENTER 3218 SOUTH 11TH STREET ROCKFORD, IL 61109	36-2204841	501(C)3	0.	10,716.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHESDA C.O.G.I.C. 457 FREEMONT STREET ELGIN, IL 60120	36-4092970	501(C)3	0.	10,236.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
360 YOUTH SERVICES 2950 BURLINGTON AVENUE LISLE, IL 60532	36-2167910	501(C)3	0.	10,183.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
COMMUNITY CRISIS CENTER P.O. BOX 1390 ELGIN, IL 60120	36-2855797	501(C)3	0.	10,118.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROCKFORD MELD & TRINITY HOUSE 620 KISHWAUKEE ST. ROCKFORD, IL 61104	36-3347409	501(C)3	0.	10,058.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SERENITY HOUSE COUNSELING SERVICE 891 S. ROUTE 53 ADDISON, IL 60101	36-3350438	501(C)3	0.	10,055.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
GOD'S GLORY FOOD PANTRY 1250 SOUTH PERRYVILLE RD (CHURCH) ROCKFORD, IL 61105	38-2943860	501(C)3	0.	9,844.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SALVATION ARMY ARC WAUKEGAN 431 S. GENESEE ST. WAUKEGAN, IL 60085	36-2191257	501(C)3	0.	9,102.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LAKE VILLA TOWNSHIP FOOD PANTRY 37908 N. FAIRFIELD ROAD LAKE VILLA, IL 60046	36-2948857	501(C)3	0.	8,806.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ASBURY UNITED METHODIST CHURCH 196 S HARRISON AVENUE KANKAKEE, IL 60901	36-2222690	501(C)3	0.	8,702.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER FAITH CHURCH FOOD PANTRY 565 POWELL AVENUE WAUKEGAN, IL 60085	36-4474438	501(C)3	0.	8,580.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
LIFESCAPE COMMUNITY SERVICES INC 705 KILBURN AVENUE ROCKFORD, IL 61101	36-3303361	501(C)3	0.	8,143.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
BETHESDA LUTHERAN COMMUNITIES 1761 WOODGATE DR SYCAMORE, IL 60178	39-0806446	501(C)3	0.	7,652.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FIRST CONGREGATIONAL UCC SOUP KITCHEN - 256 E. CHICAGO ST. - ELGIN, IL 60120	36-2182012	501(C)3	0.	7,408.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
EMMANUEL LUTHERAN SOUP KITCHEN 920 - 3RD AVENUE ROCKFORD, IL 61104	36-2222681	501(C)3	0.	7,396.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRINITY LUTHERAN - ROSELLE 405 S. RUSH ST. ROSELLE, IL 60172	36-2415161	501(C)3	0.	7,143.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
WILLOW CREEK DUPAGE 131 MAIN STREET WEST CHICAGO, IL 60185	51-0164942	501(C)3	0.	6,954.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
OUTREACH COMMUNITY CENTER 345 S. PRESIDENT STREET CAROL STREAM, IL 60188	23-7265066	501(C)3	0.	6,657.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
SHELTER CARE MINISTRIES 412 N. CHURCH STREET ROCKFORD, IL 61103	36-3374370	501(C)3	0.	6,586.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISON BIBLE BAPTIST CHURCH 11878 GENESEE ST. ROCKTON, IL 61072	36-3510504	501(C)3	0.	6,493.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FAMILY SHELTER SERVICE 605 E ROOSEVELT RD WHEATON, IL 60187	36-2883552	501(C)3	3,655.	2,607.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
FOX VALLEY CHRISTIAN ACTION 35W701 RIVERWOODS LN. ST. CHARLES, IL 60174	36-2911588	501(C)3	0.	5,789.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TEMPLE JEREMIAH BACKPACK PROGRAM 937 HAPP ROAD NORTHFIELD, IL 60093	36-2555525	501(C)3	0.	5,633.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROUND LAKE CHURCH OF GOD 1202 CEDAR LAKE ROAD ROUND LAKE BEACH, IL 60073	62-0484177	501(C)3	0.	5,463.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
THE MANGER FOOD PANTRY PO BOX 765 SPRING GROVE, IL 60081	36-4313624	501(C)3	0.	5,261.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YOUTH CONSERVATION CORPS 1020 W. GREENWOOD AVE WAUKEGAN, IL 60085	36-3993578	501(C)3	0.	5,210.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
YOUTH SERVICES NETWORK 107 N. 3RD STREET ROCKFORD, IL 61107	36-3297042	501(C)3	0.	5,202.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
TRANSITIONAL LIVING SERVICE 5330 W ELM STREET MCHENRY, IL 60050	36-4104887	501(C)3	0.	5,185.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZION EVANGELICAL LUTHERAN SOUP KITCHEN - 330 S. GRISWOLD - ELGIN, IL 60123	36-6078586	501(C)3	0.	5,134.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
PEACE CHURCH 21300 S LAGRANGE ROAD FRANKFORT, IL 60423	36-3026302	501(C)3	0.	5,057.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY
ROPE, INC. PO BOX 9177 WAUKEGAN, IL 60079-9177	36-3930563	501(C)3	0.	5,013.	AVG WHOLESALE VALUE	FOOD	FEED THE HUNGRY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART 1, LINE 2:

EACH MEMBER AGENCY IS MONITORED AT LEAST EVERY OTHER YEAR. THE PURPOSE OF THE MONITORING VISIT IS TO ENSURE COMPLIANCE WITH ALL REQUIREMENTS AND STANDARDS SET FORTH IN THE NORTHERN ILLINOIS FOOD BANK AGENCY POLICY AND PROCEDURES MANUAL, INCLUDING PROPER FOOD HANDLING AND DISTRIBUTION PROCEDURES.

FOR CAPACITY BUILDING GRANTS, WE USE AN APPLICATION PROCESS TO AWARD FUNDS FOR EQUIPMENT AND OTHER CAPACITY BUILDING PROJECTS. IF THE AGENCY

Part IV Supplemental Information

RECEIVES AN AWARD, IT MUST SUBMIT PROOF OF PAYMENT FOR PURCHASES

APPROVED BY THE GRANT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIE YURKO PRESIDENT & CEO	(i)	151,500.	37,850.	0.	3,179.	13,166.	205,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

GORDON HAHN RECEIVED A SEVERANCE PACKAGE OF \$32,731 IN THE 4TH QUARTER OF 2015 WHICH WAS REPORTED ON HIS 2015 W-2.

PART I, LINE 5:

THE INCENTIVE PLAN FOR THE CEO IS BASED ON MEETING ANNUAL REVENUE, EXPENSE AND FOOD DISTRIBUTION TARGETS FOR THE ORGANIZATION.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
NORTHERN ILLINOIS FOOD BANK

Employer identification number
36-3203648

Part I Bond Issues											
SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
CITY OF GENEVA, KANE A COUNTY, ILLINOIS	36-6005893	NONEAVAIL	11/02/10	12000000.	FINANCE A PORTION OF THE CONSTRUCTI		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	3,697,058.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	12,000,000.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds										
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	12,000,000.									
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	2011									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X								
15 Were the bonds issued as part of an advance refunding issue?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X								

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CITY OF GENEVA, KANE COUNTY, ILLINOIS

(F) DESCRIPTION OF PURPOSE:

FINANCE A PORTION OF THE CONSTRUCTION COSTS FOR A NEW FOOD DISTRIBUTION CTR

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **NORTHERN ILLINOIS FOOD BANK** Employer identification number **36-3203648**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	59,450.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19	104,105.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		114,321,979.	WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	0	69,581.	FAIR MARKET VALUE
26 Other ▶ (AUCTION FOOD)	X	0	20,158.	FAIR MARKET VALUE
27 Other ▶ (OTHER DONATED)	X	0	16,357.	FAIR MARKET VALUE
28 Other ▶ (GIFT CARDS)	X	0	10,906.	CARD VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

SUPPLIES AND EQUIPMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 0

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9806.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED. FOR LINES 19 - 28, THE ORGANIZATION RECEIVED NUMEROUS CONTRIBUTIONS OF THESE TYPES OF PROPERTY.

SCHEDULE M, LINE 32B:

THE ORGANIZATION HIRED AUCTIONS BY CELLULAR TO PROCESS AUCTION ITEMS FOR THE TASTE THAT MATTERS EVENT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

NORTHERN ILLINOIS FOOD BANK

Employer identification number

36-3203648

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN NEED THROUGH INNOVATIVE PROGRAMS AND PARTNERSHIPS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

APPROXIMATELY 74 MILLION POUNDS, EQUIVALENT TO 62.5 MILLION MEALS,
DURING THE 2016 FISCAL YEAR. THE FOOD BANK RECEIVED 32.7 MILLION POUNDS
OF RESCUED FOOD FROM LOCAL RETAILERS AND GROCERS. THERE WERE 402 MOBILE
PANTRY VISITS AND 34,500 HOLIDAY MEAL BOXES DISTRIBUTED DURING THE
FISCAL YEAR. THE FOOD BANK PROVIDED 2.5 MILLION MEALS TO CHILDREN
THROUGH THE BACKPACK, AFTERSCHOOL, AND SUMMER MEAL PROGRAMS. THE SENIOR
BOX PROGRAM PROVIDED MONTHLY DISTRIBUTIONS TO AN AVERAGE OF 606
LOW-INCOME SENIORS EACH MONTH. THROUGH CONTINUED COLLABORATION EFFORTS
WITH LOCAL DAIRIES AND GENEROUS DONORS, THE FOOD BANK DISTRIBUTED
168,290 GALLONS OF FRESH MILK TO OUR NETWORK PARTNERS.

FORM 990, PART VI, SECTION B, LINE 11:

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE
ORGANIZATION'S FORM 990. THE CFO REVIEWS THE COMPLETED FORM 990 WITH THE
BOARD TREASURER. COPIES ARE PROVIDED TO BOARD MEMBERS WITH INVITATION FOR
QUESTIONS OR COMMENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY AGREEMENT TO DO BUSINESS WITH AN OFFICER, DIRECTOR, KEY EMPLOYEE OR
CLOSELY RELATED ENTITY MUST BE REVIEWED AND APPROVED BY THE CEO AND THE
EXECUTIVE COMMITTEE. VALUE OF RELATED PARTY TRANSACTIONS, IF ANY, IS
CONFIRMED AT YEAR END.

Name of the organization NORTHERN ILLINOIS FOOD BANK	Employer identification number 36-3203648
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FORM 990, PART VI, SECTION B, LINE 15A:

FOR THE CEO - THE PERFORMANCE AND COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE INDEPENDENT BOARD EXECUTIVE COMMITTEE. THE COMMITTEE USES DATA FROM OTHER COMPARATIVE FOOD BANKS AND OTHER NON-PROFIT COMPENSATION SURVEYS ALONG WITH CURRENT MARKET DATA. THIS IS THEN RECORDED AND DOCUMENTED BY THE HEAD OF HUMAN RESOURCES.

A SIMILAR PROCESS IS USED FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THEY ARE REVIEWED AND APPROVED ANNUALLY BY THE CEO. THE CEO SIGNS THE APPROVED SALARY SPREADSHEET AND IT IS RECORDED AND KEPT BY THE HEAD OF HUMAN RESOURCES.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND THE 990 ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.